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Original Contributions

COUGH AND ITS SIGNIFICANCE

J. Fraser Barbrick, M. D., Los Angeles

Read before The Los Angeles County Eclectic Medical Society

"Cough" is the term we apply to an expiratory act which must have for its characteristic formation two elements: First, an **explosive element** due to a sudden relaxation of a preceding spasmodic glottic closure; and, second, a **vocal element** due to the escape of the released air through the rima glottidis. The definition of "cough" as an explosive, expiratory effort to expel mucus or other matter from the bronchial tubes or larynx, is not strictly true nor wholly scientific, as there are a number of forms of cough in which nothing is expelled, and the cause of the cough is remote from the structures in which the act must be produced. For this reason I have endeavored to formulate a definition both scientific and comprehensive, and think the foregoing meets these requirements.

Causes: Though cough may arise from a multitude of causes, in the majority of instances it points to disease, acute or chronic, in the chest, such as bronchitis, asthma, phthisis, the pneumonias, pleurisy, etc., or to affections of the upper respiratory tract, as laryngitis, pharyngitis, rhinitis, etc. While commonly purposeful, and intended to remove irritating substances in the shape of foreign bodies or the irritating secretions accompanying diseases of the air passages, from the bronchi or throat, it may be purely neurotic, as the obtrusive cough of hysteria and barking cough of puberty; entirely reflex, as the so-called ear cough, produced as the result of irritation of Arnold's branch of the pneumogastric nerve by disease; impacted cerumen, or the manipulation of aural specula in the external auditory canal, the dentition and worm coughs of children, and the cough due to pregnancy, all of which disappear immediately on removal of the cause; or it

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may be wholly mechanical, as the cough due to a relaxed and trailing uvula, which starts the instant the patient lies down and thus presents the correct mechanical conditions for its production.

Other common causes of cough are nasal affections, especially hypertrophied turbinates and the hypersensitive nasal mucosa, such as is usually found in hay fever and frequently associated with asthma; the bedtime and night cough of children due to adenoids and tonsils; the stomach cough of the alcoholic, due in reality to the accompanying pharyngitis; the occupational cough of the clergyman and public speaker, and the habit cough of the smoker, both due to the associated laryngitis; and the unknown infection which gives the characteristic paroxysmal cough of pertussis.

Less common causes of coughs, but nevertheless causes which should not be forgotten or overlooked, are pelvic diseases of women, diseases of abdominal organs in relation with the diaphragm, and the pressure coughs due to thyroid enlargements, esophageal and mediastinal growths, aneurysm affecting the arch of the aorta or carotids, and pericardial effusions.

It might be well to remember that in pulmonary troubles it is not the irritation of the lung substance that causes the cough, but irritation and inflammation of either the bronchial mucosa or pleural membranes; also to recall that in all the exanthemata and infectious fevers, cough may be an accompaniment due to irritation of the mucosa of some part of the respiratory tract, both by direct infection and indirect action.

Types and Varieties: Cough is most commonly spoken of as dry or unproductive, and moist or productive; also as hard and loose. Varieties are the paroxysmal, laryngeal, reflex, neurotic, hysterical, hoarse, brassy, pressure, noiseless and toneless.

The dry, hard, hacking or unproductive cough is usually associated with the first stages of colds and bronchial inflammations, incipient phthisis, pneumonia before exudation has occurred, and in the beginning of whooping cough, asthma and pleurisy, in all of which diseases it may be more or less painful and is often paroxysmal. Practically all of the nervous, reflex and pressure coughs are dry, at least in their early stages.

Moist, productive or loose coughs are seen in the later stages of bronchitis, pneumonia, asthma, pleurisy, whooping cough, phthisis, emphysema, etc., and if attended by a profuse expectoration after a paroxysmal spell of coughing, are associated with the breaking down of lung tissue, the formation of cavities, rupture of abscesses into the bronchi, bronchiectasis

and pulmonary gangrene. Dry coughs are of no particular value to the patient, being merely a sign of irritation; but a loose cough is of the greatest possible use, as it is an effort of nature to get rid of irritating secretions and poisonous matter. Therefore, such coughs should not be stopped, for if stopped in pneumonia, resolution is hindered, and in purulent bronchitis, bronchiectasis, pulmonary tuberculosis, gangrene and abscess, septic absorption of the retained secretions and death might result.

The typical paroxysmal cough is whooping cough, but it is also associated with spasmodic croup, is frequently due to reflex irritations, and may be caused by laryngeal tumors or the inhalations of irritating vapors of foreign bodies.

Smothered or suppressed cough is due to an effort on the part of the patient to prevent the act, and is usually indicative of pain. It is generally associated with acute bronchitis, pneumonia and pleurisy.

An obstinate cough accompanying bronchitis, which resists all ordinary treatment, should lead the physician to suspect that he has one of three ailments to deal with, namely: an overlooked tuberculosis, an unsuspected Bright's disease, or cardiac failure.

The nervous cough generally has the character of single short, dry explosions, repeated at fairly regular intervals; and the reflex cough is much the same, only more paroxysmal.

The hysterical cough is usually loud and barking, and gives one the impression of being produced with the view of attracting attention.

The laryngeal cough, especially in acute conditions, may be quite severe, is usually associated with hoarseness or huskiness of the voice, may be of a harsh, brassy barking character or take the hoarse, ringing, stridulous, croupy form.

The pressure cough, caused by encroachment upon the lumen of the main bronchi or trachea by mediastinal tumor or aneurysm, has a peculiar, resonant, metallic or brazen character, which has aptly been compared to the cry of a gander, and when once heard is almost sufficient to clinch the diagnosis without further examination.

The series of hoarse, hollow coughs, followed by the peculiar crowing sound, which comes seemingly just in time to save the child from asphyxiation and is due to the forced indraft of air through the glottic chink which closed spasmodically with the attempt at deep inspiration, is so diagnostic of croup that even the laity recognize it; and everyone is so

familiar with the typical inspiratory whoop of pertussis that no further reference to it is necessary here.

Quite often children suffering from adenoids and tonsils develop a cough on going to sleep which startles and awakens them, and soon after ceases, to recur the moment they fall asleep again. This is a mechanical cough, due to the tonsils touching one another or tickling the uvula in the relaxation of sleep. As soon as the child awakes, muscular contraction separates the approximating surfaces and the cough soon ceases.

The noiseless cough occurs in paralysis of the glottis, and the toneless cough in the terminal stages of pulmonary disease.

Finally, the cessation of cough in purulent bronchial affections, advanced pulmonary phthisis, and severe pneumonic processes, is a bad sign and indicates exhaustion, collapse, profound toxemia or approaching death.

THE VELO CLOUD OF SOUTHERN CALIFORNIA

J. A. Munk, M. D., Los Angeles, Cal.

To the four distinct varieties of clouds recognized in climatology, namely; cumulus, stratus, numbus and cirrus. Southern California adds a fifth, the velo cloud, that was first described by Ford A. Carpenter, of the Weather Bureau, in his new book on the climate of San Diego.

The velo cloud forms in a still atmosphere over the water, floating in slowly from the ocean during the night, until in the morning it is a solid sheet that stretches from the mountains to the sea. It is a thin, vapor cloud, with a smooth, unruffled surface, that is sometimes called a "high fog," but is not a fog which settles down over the land in a thick mist.

This kind of a cloud never brings rain, although it is frequently mistaken for a rain cloud by the uninitiated "tenderfoot." It serves a double purpose, by modifying the bright glare of light and protecting the land from the too ardent rays of a tropic sun in the early morning hours. The cloud hangs motionless in the sky, with not a breath of air stirring until the sea-breeze begins to blow about the middle of the forenoon, when the cloud quickly dissolves and vanishes in space.

The velo cloud and sea-breeze are closely associated, and the latter always follows the former in sequence. Whenever the cloud is present, which is the case every morning during normal summer weather, the sea-breeze is sure to follow, and means a cool day. If the day breaks without a cloud in the sky, the sea-breeze is either tardy and feeble, or entirely absent,

and the temperature rises above the normal mark. The "pillar of cloud" shields the land from the hot rays of the morning sun, while there is no wind, and after the sea-breeze begins to blow there is no need of a cloud, as the cool sea-breeze from the ocean effectually neutralizes the heat of the sun, so that no physical discomfort is felt.

During the summer there are liable to be a few hot days, when there is no morning cloud nor sea-breeze to moderate the heat, and every such change in the weather is quickly noticed and occasions uncomplimentary remarks. Three or four days are the usual duration of such a "hot spell," but even then the heat is only uncomfortable for a short time in the sun and middle of the day, as the shade and the nights are always cool—too cool, in fact, to sit comfortably out of doors in the evening without a wrap.

The humidity of the atmosphere is not great, and never enough to cause the weather to feel sultry or oppressive. The weather never gets hot enough nor stays hot long enough to heat up the house like a furnace, as happens in other countries; but the night is always cool, even after a hot day, and gives rest and refreshing sleep.

The daily normal summer weather in Southern California is regularly ushered in by a cloudy morning, followed by a clear sky and cool sea-breeze in the afternoon. The velo cloud and sea-breeze are never divorced, but always act harmoniously together, and either one or the other is on duty during every hour of the day. If it were not for the daily velo cloud and sea-breeze, the littoral of Southern California would be as hot and dry as Sahara, but the happy combination of cloud and breeze gives it the finest climate in the world.

The period of the velo cloud and sea-breeze lasts half of the year, and begins in the spring about the time of the vernal equinox and disappears with the passing of the autumnal equinox, when the sun again crosses the line and the days and nights are of equal length. The cloud and breeze come when they are most needed, during the hot summer months, and disappear after the return of the cool of autumn days.

THE PRACTICE OF MEDICINE

A. P. Baird, M. D., Los Angeles

Read before California Eclectic Medical Society

The practice of medicine is the application of the knowledge of all that pertains to the healing art, both as to prevention, palliation and cure of diseased processes.

Now, when we have stated this, we have made a sweeping statement which, I am quite sure, is true of but a very few, if

any, of the followers of Aesculapias, or anybody else. And when we say "medicine," we don't always mean drugs, bitter or otherwise.

In Scripture the word "medicine" appears in three different forms: First, the Hebrew word Gehah, which means "to do good"; so we read in Proverbs 17:22, "A merry heart doeth good like a medicine." This, I think, conveys the thought of prevention; for instance, a patient feeling bad sends for the doctor, which means a wise, learned person, who at once begins to inject new life, or at least new courage, into the patient by the judicious use of a merry heart, leaving his patient very much better for the visit, and an assurance of a speedy recovery. That man will take that doctor's medicine with avidity, because he believes there is value in every drop. And let me say here that the doctor who cannot instill this confidence into his patient is not the physician for that man, or that man is not the patient for that doctor, so the sooner the doctor gets a new patient, or rather the patient gets the right physician, the better; they are not adapted the one to the other. For some doctors are like the other clause of that twenty-second verse, "A broken spirit drieth the bones." The first thing they do is to break the spirit by announcing how very sick he is; the end sought by this kind of treatment is sometimes reached, viz., a little cheap glory by getting the reputation of doing a very good job; but more often it is like the Australian boomerang—it rebounds upon himself.

It is not always like the doctor who struck a town that thought he was wondrously wise because the first thing he did was to send for the patient's spiritual adviser. If he, the patient, died, the doctor got the name of being, besides a very good prognosticator, a man who looked to his patient's best welfare by his timely call of the parson; and if he got well, he pulled him out of a very bad, dangerous hole; so, whichever way it went, he was the winner. This doctor before long will find what Abraham Lincoln said was very near the truth: "You can't fool all the people all the time."

So we will begin on the second phase of the word medicine, the Hebrew word for which is "Rephaoth," meaning "curative," found in Jeremiah 30:13, "Thou hast no healing medicines." Here the thought is carried beyond merely doing good, for if they had medicine they could effect a cure. Unfortunately, the great bulk of the medical profession (and the Allopaths are the great bulk), with a few of the so-called Eclectics thrown in, has little or no confidence in "Rephaoth," curative medicine. And the reason why? Echo answers, Why! Because they don't know medicine, and one never can have

confidence in what one doesn't know. Knowledge is power. Solomon says, "Knowledge whetteth the ax and saveth the strength"—it is quite easy to give an ax a bad reputation by using it without an edge. Your medicine should have an edge, then it will cut. It is surely up to the doctor to put on the edge by giving the properly indicated remedy.

Now, if there is anything Eclecticism stands for, it is the giving of the right medicine at the right time and in the right way. You notice these three points: first, the right medicine—here is where wisdom is required; don't fire a medicine till you have made a thorough examination of your patient from the crown of the head to the sole of the foot, so to speak. For instance, a patient consults the doctor, suffering from periodic headaches. He reaches for his prescription book and writes a prescription for some one or more of the various ides or ins that are highly recommended by the manufacturers as a sure shot for headache. That doctor is a quack, whether an Allopath or anything else. The patient would have saved money by going straight to the druggist; in the first place, he would have given her the choice of a dozen headache powders, pills or tablets, easy to take, with the proper guarantee in each package. If, however, she had the good fortune to have gone to a physician, he would have made an exhaustive inquiry and examination of her case and intelligently prescribed for the cause of the trouble; he would have given explicit directions whether the remedy or remedies were to be taken in hot, cold, or without water, how often, and whether the dose was to be increased or decreased at certain times, or taken more or less frequently under certain circumstances. He, moreover, would give proper advice about eating, sleeping, exercise and other hygienic requirements. Then she would know she had consulted a real physician, unless perchance she hadn't sense enough to appreciate such, and, alas, that is not uncommon.

The third and last aspect is that represented by the Hebrew word "Teruphah," which means "remedy," found in Ezekiel 47:12, "And the fruit thereof shall be for meat and the leaf for medicine, or for bruises and sores." The thought is a palliative until nature has time to repair the damage, if it is repairable; if not, it is a palliative anyway.

And so, when nature is too badly wounded to be susceptible of a cure, the wise doctor can give a palliative treatment and so allow his patient to move along toward the brink of the great divide in comparative comfort and ease.

I have written this short paper to simply stir up an interest in the close study of medicines and allied sciences, which, alas, has been sadly neglected by the great bulk of the medical profession, and I have told you what the great bulk is.

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS

Dec. 8, 9, 10 and 11, 1914. Los Angeles

MATERIA MEDICA

(Homeopathic)

Dr. Robt. A. Campbell

1. Name the remedy for the following cases:

   (a) Sharp stitching pain in the chest, worse from motion. Delirious with the affairs of the day. Constant feeling as though he were sinking down in bed. Mouth dry and drinks quantities of water.

   (b) Child has large, open fontanels, profuse sweating about the head, is fat and flabby, and subject to convulsions.

2. Name the remedy for the following cases:

   (a) Teething child has colic, is very cross and fretful, dry hacking cough, one cheek red; green watery stool, which smells like rotten eggs and makes the anus sore.

   (b) Woman is irritable, memory failing, and indifferent as to welfare of her family; has yellow spots on face, bearing down pain, with a feeling that the uterus will protrude and keeps her limbs crossed to prevent it.

3. What remedy has the following characteristic symptoms:

   (a) Weakness, prosration, periodicity, tendency to malignancy; restless and anguish, burning sensation, pains worse from cold and when at rest; intense thirst for small quantities of water often.

   (b) Mal-nutrition, emaciation and anemia; hammering headache in frontal region, dry scaly eruption at hair margin, herpetic eruption on lips; backache better from lying on something hard; violent thirst, water brash, aversion to bread.

4. Give the indications for Arsenicum, Eupatorium perfoliatum and Natrum Muriaticum in Intermittent fever.

5. Name the four remedies most frequently used in Lobar Pneumonia, with the indications for each.

6. When are Hepar Sulphur and Silicia indicated in Supuration?

7. Give a clear picture of a mental case calling for Stramonium.

8. Describe the characteristi ctool of the following remedies: Aloes, Mercurius, Rheum, and Podophyllum.

9. Differentiate between Galsemium, Cannibis Sativa and Mercurious in Gonorrhoea.

10. Write a prescription for an injection for Gonorrhoea, and state when and how you would use it.

11. Differentiate between Belladonna and Rhus Tox, in Erysipilas.

12. Discuss Gelsemium.

(Answer ten questions only.)

MATERIA MEDICA-

Eclectic)

Dr. H. V. Brown

1. In what conditions would you prescribe each of the following: Oxydendron, Hamemelis, Geranium?
2. What is the pharmacology of compound Emetic Powder?
3. What is Pituitrin? What is its specific action?
4. Discuss Ergot. (a) In uterine conditions. (b) In cerebral conditions.
5. Discuss the relative advantage of large and small doses of Lobelia. What are its uses hypodermically?
6. Name three remedies of value in chronic cystitis and give reasons for their use.
7. Detail medicinal treatment of acute pleurisy and state specifically why each remedy is used.
8. Name and give indications for remedies which you would use in treating persistent furunculosis.
9. Give source, derivatives and uses of Nux Vomica and Hydrastis.
10. Explain the use of acids in Hyperchlorhydria.
11. Name two drugs that promote and two that lessen peristalsis.
12. Write a prescription for cough (containing no opiate) in which the effect desired is promotion of expectoration.

(Answer ten questions only.)

MATERIA MEDICA

(Regular)

Dr. S. H. Buteau

1. What is Epinephrin? How is it administered and what is its action?
2. Describe one efficient local germicide and describe its action. State fatal dose.
3. What is Epsom Salt? Give dosage, uses and action.
4. Write a prescription for a case of late congenital lues in a patient of eight years.
5. Describe two drugs given internally for vaso-constrictor effect, and state various actions of each.
6. What is Salvarsan? Describe usual methods of administration and possible ill effects from its use.
7. You are called to attend a middle-aged patient with a systolic mitral murmur, swollen liver, dyspnoea and edema of the feet. Outline treatment, drug and other.

8. Write a prescription suitable for application upon an acute eczema in a child.
9. What is the origin and pharmacological action of Santonin? What are the symptoms of an overdose?
10. Write a prescription for an adult patient suffering from a profuse "summer diarrhoea."
11. What is a taeniafuge? Describe two, giving origin and dose, and outline method of use of one.
12. What symptoms are contra-indications to the use of Strychnia. Discuss.

(Please do not answer more than ten questions.)

GENERAL MEDICINE

Dr. D. L. Tasker

1. Differentiate vertebral tuberculosis from rachitis, in a child two years old, before any characetristic deformity appears.
2. Give the symptoms of a typical case of typhoid fever during the second week, and describe its management by hydrotherapeutic methods.
3. Describe the symptoms of tubercular meningitis, in a child, during its first stage.
4. Mention four important facts, discovered during the past few years, which have entirely changed the previous ideas of the etilogy and treatment of syphilis.
5. Give the symptoms of suppurative tonsilitis.
6. In what way do the symptoms of acute appendicitis and acute peritonitis resemble each other, and why?
7. What are the causes of obstructive jaundice? (b) Give five general symptoms of jaundice.
8. Give symptoms and treatment of acute catarrhal laryngitis. Differentiate it from syphilitic laryngitis.
9. Give causes and symptoms of chronic prostatis.
10. Indicate the anatomical points where the cardiac valve sounds are best heard.
11. Describe the piodromal stage of general paresis.
12. With what other conditions may sciatica be confounded?

(Answer ten questions only.)

HISTOLOGY AND ANATOMY

Dr. Wm. R. Molony

1. Discuss the free cells and body fluid.
2. Classify glands; name kinds in each classification; essential characteristics of each and give example.
3. Brief discussion of lymphatic system; take any five groups of glands and give drainage area.
4. Discuss nerve cells.
5. Discuss the blood. (Plasma and red cells.)
6. Give in detail the cutaneous nerve supply of the head and neck.

7. Describe the Cavum Nasi; name all cavities communicating with it; the avenues of communication and the location of their opening.
8. Give the insertion of the following muscles: Trapezius; Gastrocnemius; Teres Major; Pectoralis Major; Latissimus Dorsi; Triceps Cubiti; Psoas Magnus; Gluteus Maximus; Obturator Internus; Tensor Fascia Femoris; Tibialis Posticus; Deltoid; Biceps; Pronator Radii Teres; Supnator Longus; Brachio Radialis; Masseter Quadratus Femoris; Extensor Communis Digitorum; Sterno Mastoid.
9. Give the nerve supply to the above muscles.
10. Brief discussion of the cervical fascia.
11. What passes through the following foramina: Ovale; Rotundum; Spinosum; Stylo-Mastoid; Jugularum; Optic; Mental; Infra-orbital; Anterior Condyloid and the Inferior Orbital Fissue Internal Auditory Meatus; Foramen Magnum. Magnum.
12. (a) If the brachial artery be blocked at its upper part, how may the blood supply to the lower arm, forearm and hand be re-established.
    (b) If the internal iliac artery be blocked 1½ inches above Poupart's ligament, how may the circulation be re-established to the lower limb.

(Answer any ten of these questions; let your answers be brief and to the point. Whenever possible, arrange your answers in columns.

OBSTETRICS

Dr. H. Clifford Loos

1. Enumerate five theories of the cause of the onset of labor.
2. Give symptoms of foetal syphilis.
3. Describe origin of the three layers of the blastodermic vesicle and enumerate adult tissues derived from each.
4. Describe change in foetal circulation on ligation of umbilical cord.
5. (a) Give causes of hydramnios and its possible effects on labor.
   (b) Give treatment of same.
6. Artificial feeding of new born infant:
   (a) Give percentage of constituents.
   (b) Food of choice.
   (c) Method of preparation and modification.

GYNECOLOGY

1. (a) Describe the gross differences between ovarian dermoid and teratomata.
   (b) Give theories of the histogenesis of ovarian dermoid.
2. (a) Give gross and histological pathology of kraurosis vulvae.
   (b) Give symptoms of same.
   (c) Give treatment of same.
   (d) Give prognosis of same.
3. (a) Differential diagnosis between gonorrhoeal and tubercular salpyngitis.
   (b) Treatment of each.

4. Describe in detail operation of choice in second degree laceration of perineum.
5. Enumerate steps in technique of operation for utero-vesicle fistula.
6. Give diagnosis of subserous fibroid of uterus.

HYGIENE AND SANITATION

Dr. F. F. Gundrum

1. What is active immunity? In the prevention of what diseases is the production of an active immunity made use of?
2. Classify municipal waste and describe briefly a satisfactory method of disposal of each class.
3. What are the injurious effects, near and remote, of the inhalation of smoke? Discuss.
4. What human diseases may be contracted from swine? Discuss prevention of each.
5. Discuss the epidemiology and prevention of variola.
6. Describe briefly tests you would use in determining whether or not water from a given well was potable.
7. Discuss the causes and methods of prevention of Botulism.
8. Discuss the effects of sewage entrance into estuaries where oyster beds are situated. Outline briefly necessary precautions for insuring safety of persons eating said oysters.
9. Discuss the effect of direct sunlight upon bacterial life.
10. In what trades is wood alcohol poisoning likely to occur? Discuss its prevention.
11. Describe briefly four common methods for preservation of meats. Discuss the precautions necessary for maintaining the healthfulness of meat preserved by cold storage.
12. Suppose a "sporadic" case of epidemic cerebro-spinal meningitis to have appeared in a child, member of a family of six children, none of whom had been away from home for six weeks. Describe briefly the precautionary methods you would institute for the protection of the remaining members of the family.

(Questions Nos. 1 and 12 to be answered by all candidates. Please do not answer more than ten questions.)

CHEMISTRY AND TOXICOLOGY

Dr. H. V. Brown

1. What is hippuric acid? What drug and foods favor its elimination?
2. What are purin bodies?
3. What determines the reaction of urine? Of blood? Of gastric juice?

4. What is aspirin, salol, methyl salicylate?
5. Discuss chemistry of the thyroid gland.
6. Examine a specimen of milk for chemical preservatives.
7. Give condition of pupils and skin in belladonna and morphine poisoning.
8. What are the principal effects of the habitual use of cocaine? Of morphine?
9. State effect upon heart and stomach of habitual, excessive use of alcohol.
10. Name four poisons that produce blindness.
11. Name a common household article which phosphorus is an ingredient. Should oil be used in treating phosphorus poisoning? Explain.
12. Describe mucous membrane of mouth and tongue in a case of poisoning by carbolic acid, caustic potash, iodine, picric acid, Paris green, copper.

(Answer ten questions only.)

DRUGLESS APPLICANTS

CHEMISTRY AND TOXICOLOGY

Dr. H. V. Brown

1. State the law of definite proportions.
2. What methods are used for the determination of atomic weights?
3. What is the relation between atomic weight and specific heat?
4. Define acid; base; salt.
5. Write the formulae for chloroform, ethyl alcohol, formaldehyde, borax, nitric acid, sodium bicarbonate.
6. Silver nitrate and hydrochloric acid are mixed. Express the result in equations.
7. Give condition of pupils and skin in belladonna and morphine poisoning.
8. What are the principal effects of the habitual use of cocaine? Of morphine?
9. State effect upon heart and stomach of habitual, excessive use of alcohol.
10. Name a common household article of which phosphorus is an ingredient. Should oil be used in treating phosphorus poisoning? Explain.
11. Name four poisons that produce blindness.
12. Describe mucous membrane of mouth and tongue in a case of poisoning by carbolic acid, caustic potash, iodine, picric acid, Paris green, copper.

(Answer ten questions only.)

N. B.—In accordance with a resolution passed by the Board, drugless applicants may, if they desire, answer the other set of questions instead of above, with the definite understanding that if they qualify for physician and surgeon examination later they will have to be further examined in the subject.

BACTERIOLOGY AND PATHOLOGY

Dr. H. E. Alderson

1. Describe in detail an accurate accepted method for the identification of the causitive organism in malignant endocarditis.
2. Discuss the origin of ptomains and their action.
3. Describe in detail an accurate accepted method for the identification of the micrococcus intracellularis meningitidis in the spinal fluid.
4. Discuss the etiology of "foot and mouth disease."
5. Name and describe fully the organisms commonly found in cancrum oris.
6. Describe fully the streptococcus pyogenes and the method by which its virulence is preserved longest.
   (b) Differentiate the streptococcus from the pneumococcus.
7. In acromegaly what tissues and organs are involved? Describe in detail the pathologic processes.
8. Describe in detail the blood picture in myelogenous leukaemia and discuss the origin of the elements making up the same.
9. Discuss fatty degeneration.
10. Describe the pathologic findings in a patient dying in diabetic coma.
11. Describe the gross and microscopic appearance of acute haemorrhagea pancreatitis.
12. Discuss the cerebro-spinal fluid in tabes dorsalis.

(Answer ten of the above questions only. Questions 1 and 10 must be answered by all applicants.)

N. B.—**Drugless Applicants** may, if they desire, answer these questions instead of those on the other list, with the definite understanding that if they qualify for physician and surgeon examination later they will have to be further examined in this subject.

FOR DRUGLESS PRACTITIONER CERTIFICATE

Dr. D. L. Tasker

1. Give characteristics of paralysis of (a) lower motor segments, (b) of upper motor segments of the central nervous system.
2. Mention one sensory and one motor system disease of the central nervous system. Give major symptoms of each.
3. Give symptoms caused by hemorrhage into the spinal cord. Make your own choice of location.
4. Name ten self-limited diseases and give the average duration of each.
5. Discuss the symptoms of migrain.
6. Give the symptoms of Reynaud's disease.
7. Explain the phenomenon of cutaneous tenderness in viscual disease.
8. Indicate the segmental distribution of referred pain in disease of the following organs: (a) Heart, (b) stomach, (c) liver, (d) kidney, (e) testis.

9. In a case complaining of pain in the shoulder, please differentiate five causes of the pain.
10. Differentiate the following: Orchitis, hydrocele, varicocele, inguinal hernia.
11. Define tachycardia, bradycardia and mention diseases in which these phenomena are found.
12. Differentiate intestinal, gall-bladder and renal colic.

(Answer ten questions only.)

N. B.—In accordance with a resolution passed by the Board, drugless applicants may, if they desire, answer the other set of questions instead of above, with the definite understanding that if they qualify for physician and surgeon examination later they will have to be further examined in the subject.

PHYSIOLOGY

Dr. W. W. Vanderburgh

1. Describe the effects on a dog if the entire thyroid glands be removed.
2. Describe two spinal reflexes and give their significance.
3. What is a compound reflex? Give two examples.
4. Describe the varieties of leucocytes and give the function of each.
5. What changes take place in the central end of a nerve that has been divided? What changes take place in the peripheral end?
6. Discuss two theories of renal secretion.
7. Locate the following centers: (a) Visual, (b) respiratory, (c) micturition, (d) defecation, (e) parturition.
8. Name the three most important elements of gastric juice and give the function of each.
9. Give experimental evidence that muscle is capable of contracting without nerve supply if stimulated directly.
10. If one vagus nerve be divided and the other intact, what would be the effect on the heart if the peripheral end of the severed nerve be stimulated? What would be the effect if the central end of the divided nerve were stimulated?
11. Describe the course and give the functions of the fourth cranial nerve.
12. Name four enzymes and give the origin and action of each.

(Answer ten questions only.)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PROFESSIONAL FEES

Much has been written and more has been said upon the old, old question of what is the proper fee for a professional service. Therefore, we do not expect to solve the problem in the space at our disposal. We might even say that we are quite convinced that it can not be solved. Meaning thereby that it is not a single problem, but rather a multitude of problems which in some instances scarcely resemble each other at all. When the subject is considered in this manner it is at once seen that the solution of one man's difficulty may be helpful to another man or again it may not be. It all depends upon whether or not there are a number of points of similarity.

Many years ago the Southern Pacific Railroad adopted the plan of charging all that the traffic would bear. Undoubtedly it gathered in the revenue, but also it sowed the seeds of resentment. The latter crop is now maturing and bids fair to be a large one. Possibly it would have been better to have charged a little less than the traffic would bear. A thought worthy of reflection by the professional man who expects to

make a certain locality his home. So long as the professional man must live by his work it is foolish to charge more than the people think he is worth. Should he and his clientele not be in agreement upon this point, it is necessary that he should show them that he is worth more than they thought. An increase of business will surely follow and then he is in position to ask more for his services.

A PROVING OF RHAMNUS CALIFORNICUS

By Philip Rice, M. D., San Francisco

Few, if any, experiments are beset with the pitfalls which beset those which have to do with the unfoldment of a drug's pathogenesis. Unerring accuracy is absolutely out of the question. Under the conditions in which provings have to be made these days, we cannot even hope for such a thig.

But, unfortunate as is this phase of the matter, it is less lamentable than is the one which leaves even such facts as we are able to uncover unexplained. To be able to develop and classify symptoms in a proving is one thing, and not so difficult, but to be able to fully explain them is quite another matter. To be able to say why such and such symptoms developed and in the way they did, why one prover was affected in one way and another in a different way, why in one the susceptible system was the nervous and in another the abdominal, and in the third the thoracic, all taking the same drug, is of much more value in the work of the clinic than to be able to remember all the symptoms developed in a proving. Yet at present all this is entirely beyond our ken, and though obviously of the extremest importance, nothing whatever is being done toward the working out of a method that will give us an insight into this problem.

The following symptoms of rhamnus californicus were developed in a proving. The proving is by no means accurate or complete, since it was made under conditions that preclude all this. The limits of a drug's effects cannot possibly be determined upon a student who is obliged to carry on his full college work. However, several things concerning the remedy can be set down as fairly reliable, and can be made use of at the bedside and in the clinic with reasonable assurance of success. These symptoms confirm those found under this remedy in Dr. Boericke's materia medica, being there put down as clinical indications:

Mental: Nervous, restless, irritable; lassitude; mind dull;

cannot concentrate on his studies; dazed feeling; depression.

Head: Full feeling; dull pain in left temple; dizzy; dull frontal ache, left side, traveling backwards, then spreading to frontal bones; deep right-sided headache; heavy, bruised pain, pressure; head sore, looking downward, occiput and vertex; bursting feeling with every step; twitching of the eyelids.

Face: Flushed and hot; glows like fever; pressing outwards from each malar process.

Ears: Soreness deep under tragus of right side on swallowing; dullness of hearing.

Mouth: Canker sore between gums and lips; tongue white, with a pink and uncoated patch in center; greasy taste in mouth.

Throat: Dry and rough; right tonsil and fauces sore, swallowing.

Bowels: Constipation, with gas; tenesmus, with dry stool; diarrhoea, with great volume of gas.

Urinary Organs: More frequent urination; rusty-colored urine; tickling in anterior urethra; small "morning drop," no previous gonorrhoea; microscope showed no bacteria. This symptom was reproduced in the same prover at different times.

Sexual Organs: Increased sexual desire.

Respiratory Organs: Sense of oppression under sternum; intercostal muscles of right side tender to pressure; left-sided pleurodynia.

Heart: Marked variation in pulse, ranging from 55 to 102; slow pulse more marked than fast.

Extremities: Legs sore; walked like a drunken man; could not control the muscles.

Modalities: Symptoms worse in evening; stooping; pressure to head, but pressure intercostal pain.

These symptoms were produced with the 2x potency, solution on number 7 discs, two discs taken every two hours.

Those having the motive temperament most prominent developed the mental symptoms. This class of mental symptoms is very characteristic of the motive type. Depression, moroseness, irritability, dullness and inability to make mental effort is quite their natural state.

The heart symptoms were produced by those with the nervous element dominant.

The more the muscular system was developed, the less susceptible were the provers.

These facts lead us to classify the drug with those that find their most suitable soil in the mental-motive temperament.—The Pacific Coast Journal of Homeopathy.

HUMAN HEALTH AND THE FOOT-AND-MOUTH DISEASE

The Danger of Contaminated Milk Spreading the Disease Overcome by Quarantine and Pasteurization

The anxiety that has been expressed in several quarters in regard to the effect upon human health of the present outbreak of the foot-and-mouth disease is regarded by Government authorities as somewhat exaggerated. The most common fear is that the milk supply might become contaminated, but in view of the precautions that the local authorities in the infected areas are very generally taking, there is comparatively little danger of this. Milk from infected farms is not permitted to be shipped at all. The only danger is, therefore, that before the disease has manifested itself some infected milk might reach the market. For this reason experts in the United States Department of Agriculture recommend pasteurization. As a matter of fact, however, pasteurization is recommended by the Department, anyway, for all milk that is not very high grade and from tuberculin tested cows.

It has been demonstrated by experiments which have been made in Denmark and Germany that pasteurization will serve as a safeguard against contagion from the foot-and-mouth disease just as readily as it does against typhoid fever, but in any event it must be thoroughly done—the milk must be heated to 145 degrees Fahrenheit and held at this temperature for thirty minutes.

In this country the foot-and-mouth disease has been so rare that there are few recorded cases of its transmission to human beings. In 1902 a few cases were reported in New England, and in 1908 in a few instances eruptions were found in the mouths of children which were believed to have been caused by contaminated milk. In both of these outbreaks the sale of milk was stopped as soon as the disease was found among the cattle. As long, therefore, as the disease can be confined by rigid quarantine to certain specified areas, the danger from this source is very small. Should the pestilence spread all over this country and become as general as it has been at various times in large areas in Europe, the problem would become more serious. Under any circumstances, however, pasteurization would be an efficient remedy. Where pasteurization is not possible, and where there is any reason to suspect that the disease may exist, the precaution of boiling milk might be advisable. Simple directions for pasteurizing milk at home, however, are contained in Circular 127, which

will be sent free on application to the United States Department of Agriculture.

Cows affected with the malignant form of the disease lose practically all of their milk. In mild cases, however, the decrease may be from one-third to one-half of the usual yield. The appearance of the milk also changes. It becomes thinner, bluish, and poor in fat. When the udder is affected, the milk frequently contains coagulated fibrin and blood, so that a considerable sediment forms, while the cream is thin and of a dirty color. These changes, however, occur only when the disease is in an advanced stage, and, as a matter of fact, the disease is not permitted to pass into an advanced stage, as any stricken animal is at once slaughtered.

Men who come in contact with diseased animals may also become infected. In adult human beings the contagion causes such symptoms as sore mouths, painful swallowing, fever, and occasional eruptions on the hands, finger tips, etc. While causing considerable discomfort, however, the disease is rarely serious. Where it is very prevalent among animals, some authorities believe that it is fairly general among human beings, but that the disturbances it causes are usually so slight that they are not brought to the attention of the family physician. There is, however, a very good reason for everyone giving the diseased animals as wide a berth as possible, namely, that otherwise they may easily carry the disease to perfectly healthy herds. Federal inspectors engaged in the work of eradicating the pestilence are thoroughly equipped with rubber coats, hats, boots and gloves, which may be completely disinfected; and others who lack this equipment are strongly urged not to allow their curiosity to induce them to become a menace to their own and their neighbors' property.

The disease, in short, is dangerous because of the loss that it occasions to property, and not because of its effects upon the health of mankind. At present all infected herds are being slaughtered as soon as they are discovered, the carcasses buried and the premises thoroughly disinfected. Until all danger of infection has been removed in this way, the local authorities quarantine the milk.

Those who wish additional precautions are recommended to use pasteurized milk, but as has already been said, this recommendation holds true whether or not there is any fear of the foot-and-mouth disease.

(U. S. Department of Agriculture.)

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Alderman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., president; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held Tuesday evening, December 1, 1914, at 8 o'clock at the College Hall. There was a good attendance and an enthusiastic meeting.

The minutes of last meeting were read and approved. Then came the election of officers for 1915 and resulted as follows: President, O. C. Welbourn; Vice-President, T. C. Young; Secretary and Treasurer, K. E. Seeburger.

Dr. J. Fraser Barbrick read the paper of the evening entitled "Cough," which was followed by a lengthy but interesting discussion. The next meeting will be January 5, 1915, at the usual hour and place.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

The dates for the meeting of the National Eclectic Medical Association have now been definitely settled, Monday to Thursday, inclusive, June 14-17, 1915. Headquarters will be at the Hotel Lankershim, San Francisco. Rooms on the European plan, $3.50 per day for either one or two in a room.

The meetings will be held in one of the Fair auditoriums. Friday, June 18th, will be known at the fair as "Eclectic Medical Day."

We have recently learned that the round trip rates will be slightly lower than those mentioned in the December Quarterly. The rates are as follows: Round trip from Cincinnati, $70.25; Pittsburg, $81.25; Columbus, $74.18; Indianapolis, $67.10; Cleveland, $76.20. Further details of the itinery over

the Pennsylvania from the east and from St. Louis or Chicago over the Burlington route, and the Denver and Rio Grande from Denver, with the various stopovers, will be announced later in the March issue of the National Quarterly and the February Journals.

COLLEGE NOTES

Herbert T. Cox, M. D.

Christmas vacation extended from Thursday, December 24th, to January 3rd, inclusive. This gives all of the students a "breathing spell" in which to get their "second wind" and make a hard dash for the finish in the Spring. It gives some, also time in which to make a short visit home and enjoy a change of surroundings. We expect everybody to have a good time during vacation and be ready for hard work when they return. Even the professors are included in this.

Several mid-semester exams have just been held, and gives the faculty a line on the quality of individual work being done. Some of the boys may think they have had hard luck in their exams. If they have, the following clipping will show them how to change their luck:

"LUCK"

Luck means rising at six in the morning;
Living on a dollar a day if you earn two;
Minding your own business and not meddling with other people.
Luck means the appointments you have never failed to keep;
The trains you have never failed to catch.
Luck means trusting in God and your own resources.

—Max. O. Rell.

And it means adding to your store of knowledge every day;
Never passing up a prospect or neglecting an opportunity.
It means doing the things that others "can't" do;
Never lying down—never admitting you are whipped;
Forgetting you have "nerves," while never short of nerve;
Using your brain more than your muscle—
And working like blazes all the time.

That's the kind of "luck" that is needed in the medical profession to bring us more patients, more money, more gratitude, more honor—larger success.

—Helpful Hints for the Busy Doctor.

Prof. Schneerer has resigned from the chair of Mental and Nervous Diseases on account of moving out of town, and Prof. Garland will fill the chair for the rest of the term after the holidays.

We learn that Dr. S. A. Gayette, who graduated from E. M. I. in 1913, and attended his first two years at C. E. M. C., was granted a California license on credentials from Nevada at the last session of the State Board of Medical Examiners.

Wanted—A good joke on Mr. Atkins or Miss Ohenmuller that can be published in the College Notes. They are tired of reading jokes on other students. Please send some to editor of these items.

NEWS ITEMS

Drs. O. C. and P. M. Welborn have made a slight change in location from 816-817-818 Security Building to 818-819-820-821 Security Building.

Died: Dr. Robert E. Foley, Stockton, California, on Oct. 27, 1914. Dr. Foley was a graduate of the E. M. I. 1890 and a member of all the Eclectic Societies.

Dr. H. E. Price, Clinton, Illinois, appeared before the California State Board of Medical Examiners at the usual December meeting and was granted a license on reciprocity. Dr. Price hase returned to Illinois to settle his affairs preparatory to locating in California.

The Dietetic and Hygienic Gazette, which is just completing the thireicth year of its existence, has been purchased by The Critic and Guide Company, and, beginning with January, 1915, will be consolidated with The Critic and Guide, and the combined journals will be under the editorship of Dr. William J. Robinson. The offices of publication are at 12 Mt. Morris Park W., New York City.

Doctor an' Mrs. Mopps have returned from a most enjoyable visit t' Tulip, Indianny, where th' Doctor wuz called t' lift a tumor from a very ole an' dear friend. Several other operations, includin' th' wirin' of a superior maxillary dorsal, were performed durin' ther stay an' th' trip wuz indeed a delightful one fer all concerned.

Ther's been a lot o' progress made in surgery since ole General Practitioner went about scatterin' his pills an' sawin' off limbs an' yankin' teeth. Th' ole time doctor never resorted t' edged tools when confronted with a case of internal trouble. If th' ailment did not respond t' a big pill th' patient wuz allowed t' shuffle off with "a complication o' diseases," an' rela-

tives an' friends were made t' feel that ever'thing known t' medical science had been done. Those who suffered from faulty plumbin', such as clogged pipes, leaky hearts, liver obstructions an' other interior dissensions, were allowed t' peter out an' no questions asked.

Th' modern surgeon don't think no more o' enterin' th' human body an' goin' direct t' th' seat o' trouble than a meter reader thinks o' enterin' a cellar an' goin' direct t' th' meter. If it's a cracked acromion of scapula, a wrenched ulna, a shattered condyles o' femur, a broken main or appendicitis, he does whatever is necessary—makes a new wipe joint, supplies a few new parts, or does away entirely with something or other, fer instance th' appendix, which is now regarded as nothin' more than a loafin' place.

Th' average feller don't know anything more about himself than he does about his auto. He knows when he can't take th' hills in his ole accustomed fashion an' he's quick t' note an unfamiliar pain, but he's utterly in th' dark when it comes t' his intricate an' complicated mechanism, an' th' more he tampers with it th' worse he feels. But th' present day smilin' an' well groomed specialist kin diagnose you before you've had time t' pick up a magazine an' set down in his waitin' room. An' his pleasant an' affable manner an' confident air completely dispels all horror o' th' surgeon's knife. In th' ole days when a feller went t' th' operatin' table he gave his jewelry away an' kissed his friends goodbye. An' it's a good thing he did fer he might jest as well have laid down under th' glistenin' blade of a guillotine. If a feller wuz stricken with anything that couldn' be sawed off or reached with a pill, th' doctor called three times a day ($4.50 inside th' corporation), till he grew unconscious an' then a conference o' big woolly doctors in Prince Alberts wuz called, an' an operation wuz decided on as a last resort, an' th' patient passed away a day or so earlier than otherwise.

But t'day there's very little apprehension connected with surgery. We hop off t' th' operatin' table with all th' confidence an' hope of a seventeen-year-ole girl answerin' th' postman's ring. Whether it's t' be a new brake band for th' heart, th' removal o' th' appendix or a tumor, or a trepined skull, we feel that we'll soon be out agin good as new. But if ther's anything costlier than a cheap plumber it's a quack specialist.

ABE MARTIN.

The California Eclectic Medical Journal

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Original Contributions

ACUTE ARTICULAR RHEUMATISM

By H. V. Brown, M. D., Los Angeles

Read before the California Eclectic Medical Society.

This affection in childhood is of such a varied and anomalous character and its onset is so likely to be insidious that I hope we may profit by reviewing some of the conditions which may arise in connection with this "old-timer." According to good authority, rheumatism in the child is manifested, not alone by arthritis with acute and subacute symptoms, but by a large list of other conditions which are not to be regarded in the light of complications, but rather as forms of the disease.

Etiology—Very infrequent under five years, most cases of the child type occurring between the ages of five and ten years. Girls are more often attacked than boys, although there seems to be no well understood reason why they should be. Heredity is an important factor in these cases, a great many cases giving a history of rheumatic ancestry. That th corigin of the disease is microbic and infectious is gradually becoming more firmly established. Instead of placing Tonsilitis in the list of manifestations of the disease, I am inclined to flock with those who affirm that tonsilitis and diseased tonsils are the most potent causes we have for this intractable malady. Every diseased tonsil may be pictured as a huge mountain, its gaping crypts representing numerous caves which are inhabited by millions of devilish moonshiners (the microbes), intent upon the manufacture of the vile stuff which makes them thrifty and happy but spell ruin and despair to all who imbibe too freely. Many are convinced that the tonsils have no normal function in the animal economy other than that of trouble carriers, and certainly the fact that they have, over a period of many years, been cut, sliced, carved,

removed piece-meal, and enucleated with impunity, in numberless cases, would seem to lend credence to this view. No doubt much of the tonsilar work in the past has been crude but its very crudity has served to emphasize its importance in view of the general results obtained. With the perfected operation of tonsillectomy or enucleation in properly diagnosed and selected cases we shall expect still more gratifying results.

Symptomatology—In decided contrast to the general and articular manifestations in the adult, we find in the child that the onset is not often sudden or acute, the temperature rarely elevated above 100 to 101.5, the swelling and pain varying greatly in intensity, and often almost unnoticeable, the redness also being absent in many instances. The joints involved, often confined to one, in order of frequency, are ankles, knees, hip, feet, wrists, elbows and shoulders. As stated, the symptoms referable to the joints may be so slight as to be entirely overlooked, unless the slight fever and other constitutional disturbance cause the discovery. The Endocardium is almost invariably attacked in all cases deserving the dignity of being called rheumatism, the pericardium bearing the brunt less often. These cardiac invasions, too, are often overlooked and neglected because of failure to make a searching physical examination, and the child may go through life with a permanently crippled heart when with proper management this calamity could, in a measure, be avoided. Pleurisy, peritonitis, and meningitis, being serous inflammations, are occasionally of rheumatic origin. One of the ever-present pals of rheumatism is anaemia and is sometimes of such a pronounced type as to produce haemic murmurs which are confused with true valvular murmurs. Reliable statistics show that chorea occurs quite often during or following attacks of rheumatism, and the most conservative are willing to admit that the rheumatic poison is a most important predisposing factor, if not indeed the direct cause of chorea in 30 to 50% of such cases. Other conditions, which are less constant associates of rheumatism, are the different forms of erythema, the subcutaneous tendinous nodules, and purpura.

The diagnosis of these cases demands a thorough search of the family history, the past history of the patient, the history of the immediate attack, and a very careful physical examination. Keep in mind the inspection of the throat, blood and urinary findings, the nodules on tendons near joints, swollen or tender joints; and, more significant than all else, be on the lookout for endocarditis or pericarditis, however slight.

Treatment—In any attack the thing of first importance is complete rest in bed (not on the bed), and good, sensible care.

Hygienic—Good ventilation, avoiding draughts, keep temperature of room near 70 degrees, maintain circulation and bodily heat by means of massage with warm oil and the use of hot pads or bags to extremities. A systematic toilet of the mouth, throat and nose, as well as the excretory organs is demanded.

Dietetic—Eliminate all sugars and starchy foods to the minimum; also all red meats, keeping up nutrition by resort to a food rich in proteids. This should consist largely of milk and eggs, together with fresh, digestible vegetables, such as spinach, stewed celery, string beans, etc.; non-acid fresh fruits and stewed fruits without sugar; boiled or broiled fish of the white tender variety; stewed chicken or squab. The milk to be fed regularly at one to two-hour intervals in doses of three to six ounces, and each glass full (½ pint) should be alkalinized by the addition of ½ ounce of a solution of sodium bicarbonate, made by dissolving one teaspoonful in a pint of sterile water, thus accomplishing the desired result slowly but surely without changing the taste of the milk. In addition to this, in case the milk is not well tolerated by the stomach, 2 grains of sodium citrate to each ounce will dispel the trouble.

Hydrotherapy has an important place in the treatment and can be varied to suit the specific indications, although a daily sponge bath followed by a warm oil and alcohol rub is always in order.

Medicinal—In the use of Eclectic remedies you will of course be governed by the specific indications in the individual case and make changes from day to day as required. For instance, as a sedative, you will select aconite in small, frequently repeated doses if the pulse is sharp and rapid in the presence of fever; while veratrum will be the remedy if the pulse is full and bounding. Other drugs often indicated are, phytolacca, bryonia, belladonna, macrotys, echinacea. Sodium salicylate is given in 3 to 5 grain doses in glyconda and water mentsrum, in capsule, or may be given with fairly good success by inunction. It should be given about every four hours and always followed with copious drinks of water. If you wish to use aspirin to control the pain the best form is Novaspirin. The painful and swollen joints are relieved by bathing in one of the wintergreen oil preparations and covering with cotton and the hot water bag.

REMEDIES FOR THE MEDICAL TREATMENT OF FRACTURES

By G. W. Harvey, M. D., Big Pine, Cal.

Read before the California Eclectic Medical Society.

How many doctors among our Eclectics carry their fracture cases through without discoloration, swelling or pain and get perfect union in from fourteen to twenty days?

If you follow the old way as I did when I started out in the practice of surgery, the first two items mentioned above are always in evidence, and not infrequently pain also, but a little medicine administered to your patient will change all this, provided of course that you succeed in getting the broken pieces properly adjusted, and instead of the great swelling and discoloration of the parts that you are accustomed to there will be very very little of either, and your patient will make such a speedy recovery that you will be not only gratified but astonished.

About a dozen years ago I had a case of fracture of both legs below the knees where the fractures were as square ended as if sawn off, and the tissues below the upper segment were almost mashed into pulp by the weight of an eight by eight hewed barn sill that had fallen upon them from a height of about twenty feet.

When I saw the condition of things I expected serious trouble, and in order to avoid all of this that I possibly could I mixed fifteen drops of Lloyd's arnica in half a glass of water and ordered a teaspoonful of the mixture every hour. I splinted up the limbs carefully, and to my astonishment they never swelled but very little and the inflammation and discoloration was absolutely absent until I stopped the arnica for a day, when it began to develop, but was speedily overcome by returning to the arnica, and in six weeks he was as good as new. From that day to this I never have had any discoloration about a fracture, and seldom any swelling, while the pain is over in a few hours' time if the adjustment and bandages are right.

Since then I have learned the use of remedies that will cause the fracture to unite in almost the same time any wound will heal and now my path in surgery is one of roses, and yours will be also if you use the Eclectic medicines instead of leaving it all to nature unaided. I make it a routine practice now to give arnica for seven or eight days, then if the patient is

under twenty I give calc. phos. 3x, two grains four times a day, but if over twenty I give tinct. of comfrey or symphytum of some good Homeopathic make, one dram to four ounces of water and a teaspoonful four times a day, and while I never have mentioned the need to Prof. Lloyd, I mean to ask him some day to put out a specific tinct. of comfrey, for it is a wonder in any case of injury to bones or periosteum.

The only cases that I have any trouble with now is in people who use alcohol in some form, and it doesn't matter whether it is beer, wine, brandy, or whiskey, a fracture in these individuals is almost sure to give trouble especially when it comes to knitting. I almost invariably have to stop their liquor until the bone is thoroughly united, so if you find an especially hard case, where the bone seemingly will not knit, inquire into the habits of the individual and you will find liquor somewhere if only in the patent medicine, or the tonic that they are taking.

Not a great while ago I had a case of an old lady sixty-five years of age who was all smashed up in a runaway accident. Both arms were broken above and below the elbows, one twice between the elbow and shoulder, both legs above and below the knees and one thigh twice, both collar bones and six ribs. She went through my hands without discoloration or swelling or pain, comparatively, and was as good as new under arnica and sympthytum in six weeks. Can you beat it?

Use these remedies my brothers in all your surgical cases, and you will find as I have done that Eclectic medicines is even more scientific than your surgery.

VARIOUS MODES OF DISSEMINATION OF MICRO-ORGANISMS

By Herbert T. Cox, M. D., Los Angeles

Read before the California Eclectic Medical Society.

Before entering upon this discussion it will be well to have clearly in mind a few points suggested by the subject. The head microorganisms includes three kinds, namely bacteria, protozoa and ultramicroscopic microorganisms or Viruses. There is also much confusion regarding the terms infectious and contagious disease. An infectious disease is any disease which is due to a microroganism, and the name applies to the nature of the cause. A contagious disease is an infectious disease which is transmitted from one individual to another by direct contact or by fomites. So the term transmissible saves con-

fusion and is much simpler. The most common source of the casual microroganisms of our infectious diseases is the diseased animal or human body, some few however being found in healthy individuals or in the soil.

Many microoroganisms collect upon the exposed skin and mucous surfaces of healthy animals and man from the air, the majority are non-pathogenic but frequently disease producing microroganisms are among them. Here they remain feeding upon the desquamating cells and excretions and cause no disease in the individual until the vitality is lowered or they enter through an abrasion. Such organisms as those of common pus infections, influenza, tuberculosis, meningitis, pneumonia and diphtheria are very commonly present and may be transmitted to a susceptible individual or infect the possessor under the above mentioned circumstances. Such bacteria may be carried into the body and lodge in the internal organs, with the intestinal forms peristaltic action, diffusion of food through intestinal wall and lymph channels may be influencing factors. Thus the fact that the internal organs are not sterile in every case may account for the so-called autogenic infections.

Now let us turn to the manner in which infectious agents enter the body and their source. First the air-borne are of two types. Dust infection and Droplet infection. Organisms are excreted from diseased individuals and are deposited on clothing, furnishings, floors or on the ground, and sooner or later dry on the ever present dust particles and are frequently moved and whirled about by the air currents. Almost invisible pieces of dried material are said to remain suspended for hours and are inhaled or deposited upon the individuals who happen to be present. During sneezing, talking and coughing small bubbles or droplets of sputum are thrown out into the air, and remain suspended for sometime. It has been stated that very small droplets may be thrown out into the air for a distance of forty feet. Whooping cough, mumps, measles, influenza, epidemic meningitis, pneumonia, tuberculosis and diphtheria may be disseminated in this manner. Open air, where sunshine has access soon destroys such germs, but this type of infection occurs in crowded quarters, such as shops, schools, tenements and trains.

Water-borne infections are principally only four, namely, Asiatic cholera, typhoid fever, and dysentery of the amoebic and bacilary forms, the water becoming contaminated by excretions from individuals suffering or convalescing from the diseases.

Soil infections are only a few in number. Anthrax, tetanus, symptomatic anthrax, malignant oedema and emphysematous gangrene, which must all be introduced through a wound to produce infection; in addition there is Asiatic cholera and typhoid fever which usually infect through the intestinal tract but may also do so through a wound. The last two have also been known to live for over a year in soils containing large quantities of organic matter.

Milk may be the means of disseminating the casual agents of diphtheria, scarlet fever, typhoid fever and tuberlosis. Milk of infected goats may carry Malta fever. Oysters and shell fish have carried typhoid fever and Asiatic cholera. Three infections sometimes come from meat, namely botulism, enteritidis infections and para-typhoid fever.

Animals may communicate pathogenic microorganisms to one another or man in three ways: First, by direct or indirect contact, as glanders communicated from horses to man and anthrax from sheep to man; second, by serving as mechanical carriers from one individual to another, as flies carrying B. typhosus on their feet from excreta or infected patient and depositing them on food materials, or by sucking blood from an infected individual as the tsetse fly transmits trypanoosomiases, the flea the plague, the tick the Texas fever and the wood tick the Rocky Mountain spotted fever; third, by serving as an intermediate host, as the various mosquitoes do in malaria and yellow fever. Human germ-carriers may disseminate such bacteria as tuberculosis, typhoid, cholera, diphtheria, etc. These persons are naturally immune or have become immunized by an infection from which they have recovered. Such individuals should be kept under constant observation.

Among the human race the diseases usually communicated by direct contact with another individual are diphtheria, scarlet fever, smallpox, mumps, measles, gonorrhea, chancroid, syphilis and leprosy.

If we will now consider briefly the various methods of elimination of the micro-organisms from the diseased individual it will aid us in locating the disseminating media. The micro-organisms are eliminated from the body in two general ways, namely, by the direct method and indirect method. Direct elimination from the skin occurs in such diseases as small pox, measles, syphilis, scarlet fever, lupus, glanders, favus, scabies, actinomycosis, anthrax, erysipelas and in suppurative conditions such as carbuncles and furuncles. As examples of diseases where direct elimination from the various mucous membranes occur may be mentioned infectious, such

as typhoid fever, cholera, dysentery, trichinosis and ententis from the mucosa of the intestines; influenza, pneumonia and pertussis from the bronchial membranes; diphtheria, leprosy, glanders, mumps and scarlet fever from the membranes of the nose, throat and tonsils; gonorrhoea, syphilis and tuberculosis from membranes of genito-urinary tract. In elimination from various internal membranes sometimes re-infections occur in nearby membranes or organs.

The second general method is the indirect, and here two conditions present themselves: First, the infectious micro-organisms must enter the lymphatic or blood circulation, and, second, in order to get out of the body, they must pass through the cells of some organ, the mucous membranes or the skin. It is a common occurrence in such disease as typhoid fever, plague, pneumonia and in the various septicaemias, for the germs to pass through the epithelium of the kidney and pass out with the urine; they may pass through the liver and be eliminated in the bile; they may pass through the intestinal wall and be eliminated with the feces and possibly pass through the glandular epithelium of sebaceous and sweat glands and exit from the skin. They have been known to migrate through the glandular epithelium of the milk glands when these glands are not grossly diseased and also through the salivary glands. Infectious micro-organisms thus migrating are often destroyed by lysins in the blood, but all may not be destroyed for various reasons, and after the patient has apparently recovered from a disease may have a fresh infection in the same location or at new foci or he may become a germ carrier, infecting other individuals.

One other indirect way of elimination is by being taken up by suctorial insects from the blood, and injected into a healthy individual often after a definite cycle has been lived in the anatomy of the insect.

There are a few diseases the exact cause of which is not absolutely known, such as scarlet fever, measles, German measles, small pox, chicken pox, mumps, cowpox, rabies, typhus fever, infantile paralysis, Rocky Mountain spotted fever and yellow fever. Yet they are so similar in many respects to others in which the biological causes are known that it is reasonable to suppose that some micro-organism is responsible. Such are probably caused by a virus or an ultra-microscopic organism, and until such is discovered or definitely proven

we cannot be absolutely certain of all the ways in which they may be disseminated.

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CALIFORNIA STATE BOARD EXAMINATION

(Continued from January Journal)

SURGERY

Dr. Robt. A. Campbell

Dec. 11, 1914, 2 P. M.

1. Give technique of an accepted operation for inguinal hernia in a male adult.

2. Having made a diagnosis of strangulated hernia, give the method of procedure for immediate operation in a farm house.

3. Give diagnosis and treatment of dislocation of the head of the radius.

4. Give treatment of fracture of the femur at the middle third.

5. Give technique of cholecystotomy.

6. What is anoci-association? What are the advantages of its use?

7. Give differential diagnosis between stone in the kidney, ureter and bladder.

8. What are the reasons for a two-stage operation in cancer of the rectum? Describe the operative procedure of each stage.

9. Describe the operation for a stone in the ureter at the pelvic brim.

10. How should a case, with a foreign body at the bifurcation of the trachea, be treated?

11. Describe the most approved operation for bunion.

12. Give operative technique for the cure of an old empyemic cavity.

Answer ten questions only.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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X-RAY YOUR FRACTURES!

The treatment of fractures is a peculiarly hazardous vocation. Sometimes a result satisfactory to the patient is impossible of attainment. Sometimes a result satisfactory to the surgeon is not attained and he wonders why it is so. If he be a man of experience he will have developed some detective ability and by observation and deduction determine that the bandages have been tampered with. Such a conclusion is difficult to prove but it gives the operator a feeling of satisfaction to personally know that his technic is not at fault. However in any event if the result is not fully as good as the patient expects it to be he usually "starts something." The object being to "beat the bill" and gather in a few dollars on the side. Usually there is no real intention of prosecuting the suit and a compromise is acceptable. The more money a surgeon has the more he is expected to pay. Even if the surgeon be as poor as the proverbial mouse it is possible to grab his hard-earned fee. And, as a rule, he will be glad to call it "quits" and done with it, notwithstanding the result may be better than the average result obtained in like injuries. To

be sure, this is a sort of blackmail, but there seems to be no redress.

Prophylaxis is the only treatment. The writer has found the following general plan to be of some service.

First—Examine the patient carefully for multiple injuries. He is quite certain just where he is hurt, but put him through the tests anyway.

Second—X-Ray the part or parts injured and keep the plates. If you haven't an X-Ray machine take him to a professional friend who has one. If he won't go to the expense of an X-Ray examination refuse to treat him. Let him go to your competitor if need be.

Third—Explain to the patient, in the presence of witnesses who are not his relatives or friends, the serious character of the injury and be very conservative in regard to the prognosis.

Fourth—Have a licensed man give the patient an anesthetic and adjust the fracture very carefully. Apply your bandages, and when satisfied that the injured part is properly supported make another X-Ray plate just to make assurance doubly sure. Again, I say, keep the plates in your possession.

Fifth—Examine your bandages often and do not remove too early.

Sixth—Collect your fee as the work progresses.

Seventh—Don't own any property. We have personally seen a first-class surgeon driven out of the profession because he made a lot of money in oil. Towards the last it took nearly all of his time defending himself in court.

THE TREATMENT OF ACUTE LOBAR PNEUMONIA

By C. E. Held, M. D.—Regular
T. D. Hollingsworth, M. D.—Eclectic
F. C. Newcomb, B. Sc., M. D.—Homeopathic

This symposium of three separate papers was presented before the Summit County, Ohio, Medical Society, and is contributed through the courtesy of Dr. A. S. McCormick, Secretary, Akron, Ohio.

This aggressive and liberal County Medical Society has 157 members, of whom five are Eclectic and eleven Homeopathic. Ninety-two per cent of the physicians of the county are members and they are located in nineteen different municipalities.

This symposium shows the trend of the times—a trend looking for results regardless of school affilia-

tions. Doubtless every member of the society hearing this symposium has his therapeutic outlook broadened; and every reader of The Medical Council should similarly profit.—Editor.

By Dr. C. E. Held

The title of this paper is a misnomer. It should be "The Care of an Individual Having an Acute Lobar Pneumonia." Neither can I comply with the announcement in the program, "The Regular Therapeutics of Pneumonia." If there be any such, I confess my ignorance of the same.

I desire to state that I shall give you my method of caring for a patient having acute lobar pneumonia, based upon such knowledge of the disease and remedies as I possess.

"The highest function of the physician is the relief of human suffering; not merely to drug his patients, but to care for them. As the surgeon must know how to think clinically, the clinician to think surgically, at need, so it is possible that, some day, the word 'Cure' will, as part of the same Hippocratic ideal, be restored to its ancient meaning. Meanwhile it is recognized that the whole medical science, including its parts, is greater than its practice, applies to the ills of society as well as to human ailments.

I know of no successful treatment of pneumonia. Serum therapy, toward which we looked so hopefully for the past few years, has been a disappointment to the profession in general, although some physicians have been very enthusiastic in its praise; but we find that for the past 2,000 years, ever since Hippocrates treated pneumonia with laxatives, expectorants, cups, baths and oil inunctions, there have been many physicians who report a long series of cases with few or no deaths while using some certain remedy or method of treatment. We read that one cures nearly all cases by the use of large doses of quinine and iron. Another gets equally good results by using phenol. In a neighboring county a physician reported having treated two cases by giving 100 grains of calomel in a day. Both patients recovered from the disease and from the treatment.

Petreseo claims a mortality of less than two per cent. by his treatment with 180 grains of digitalis a day. I would expect a mortality greater than that from the treatment alone. After reviewing the various claims made for the numerous specific treatments and the confusing reports made by others regarding various remedies, one is forced to the conclusion that no specific treatment has been found.

In this disease I believe that this statement of Dr. Hare truly applies: "A physician should be a watchman all the time and a therapeutist when necessity arises." In this part of the United States it is generally conceded that fully 50 or 60 per cent. of all cases of pneumonia (other than in infancy and old age) would recover if left untreated; and, with any kind of treatment, other than destructive, about 80 per cent. recover. But some cunning thinker has said "we have armed expectation." That sounds well and has undoubtedly soothed man a weary physician by calming his mind and relieving his conscience. So I take the trail of "Armed Expectation" to find whither it leads.

A patient with pneumonia requires careful watching, should be seen at least twice daily, and in some cases requires a physician in constant attendance, whether or not drugs are being given. The physician should know his patient's exact condition, and whether medication is indicated. The remedies require as careful watching as the disease. No other patient requires more active drugging when his condition demands it, and in no disease is abuse of remedies more harmful.

General Management

In treatment of pneumonia, the thing first necessary and always important is rest. The patient should be put to bed and kept there however light the infection. Maintain the patient's strength by giving easily digested food from the first. Give as much as is safe; but avoid indigestion, which is always a serious complication. It weakens the patient, the very thing forced feeding sought to prevent. Proper feeding is often difficult to maintain. Conserve the patient's strength on all occasions; have him use the bed-pan, especially following the crisis.

Keep the patient quiet; exclude all visitors. Have him spoken to as little as possible by the nurse. The patient should not be rolled from side to side more often than absolutely necessary. The physician need not make a thorough physical examination at every visit in order to learn if the disease be progressing. He can rest assured that it is.

Do not have too many nurses. One for the day and one for the night are sufficient. Have the patient isolated in a room as far as possible from the living rooms. See that the room is properly and freely ventilated, and (except in infancy and old age) keep the room temperature low. Have plenty of fresh and pure air. Outdoor air is not always pure, especially when it comes off a dust and filth-laden pavement. The

air from the rear window may be purer than from the front.

The temperature of the patient should be taken every three hours, preferably by rectum. When it reaches 104 by rectum (103 by mouth) a cold sponge bath or cold pack over the thorax and abdomen should be given and continued until the temperature falls below 103 (by rectum).

The patient usually experiences much relief and improvement from these applications. Besides its influence on the temperature, it has equally beneficial effects upon the heart's action and circulation. The pulse will improve in rate, regularity and volume.

In no other infectious disease does hydrotherapy exert such pronounced and beneficial results as in pneumonia. We have the tepid and cold sponge baths, the cold pack, the cold compress and the hot foot bath to meet the needs of the patient. Tub baths are not advised, as they disturb the patient too much. Ice bag to the head is a valuable aid to the bath, and also in delirium.

The heart requires constant watching. Other than general exhaustion the exhausted heart is the chief cause of death. At the first sign of heart exhaustion, such as a rapid pulse and one of lowered resistance, one that does not seem to fill the lumen of the artery, when the first sound of the heart is less distinct, when the pulmonic second sound is feeble, then being the use of heart stimulants. These must be carefully selected to suit the individual case. No term is more loosely used than "cardiac stimulant."

Drug Treatment

To many drugs have been attributed powers which they do not possess. The wish is often the father of some ascribed drug action. The physician argues that a certain physiological process would greatly benefit an existing pathological condition. Imagined physiology and pathology and fanciful powers of drugs have given us a large number of remedies, and in no class has the imagination been more exercised than in "heart stimulants."

Alcohol is advised in pneumonia as a heart stimulant. It should be given in moderate doses. It acts reflexly by its irritating effect on the mucous membrane, the same as any other irritant. It should be used for temporary effect only. It should not be relied on for continued heart stimulation, nor should the dosage be large. But alcohol has other uses in pneumonia than stimulation of the heart. It acts as a substitute for food when given in moderate amounts well diluted.

If the patient refuses food or takes an insufficient amount, alcohol should be administered to maintain the strength. Also it is of use in a restless and worrying patient, as well as in one delirious.

Its use is advocated by American physicians, but they agree that it has no effect on the pneumonia, as was at one time hoped. In persons addicted to its use, it should be freely administered. If prejudice exist against the use of alcohol, the physician may prescribe aromatic spirits of ammonia.

Strychnine may be of use in pneumonia. I do not consider it a better heart stimulant than is alcohol. It has little or no effect on the heart muscle in small doses. In very large doses it paralyzes these muscles. In some cases it may be useful by its action on the vasomotor center. It constricts the arterioles, causing a rise of blood pressure. As a result, the pulse is larger in volume, the vessel walls contracted and the rate usually lessened. It increases the amount of work done by the heart. It is to be used only as a temporary remedy. It neither improves the condition of the central nervous system, nor does it increase any of its functions, except reflex irritability. It should not be used with alcohol.

Digitalis and strophanthus are more reliable than either alcohol or strychnine, but their action should be watched. It is as important to stop their administration at the right time as it was to begin their use. If the patient have been given **too much** strychnine or digitalis,, then the use of nitroglycerine is indicated. It takes more than an ordinary dream to place nitroglycerine among the "heart stimulants."

Hypodermoclysis in indicated in extreme cases of collapse, toxemia or falling blood pressure. Camphor in oil is a valuable remedy in these conditions.

If delirious, use the ice cap and whisky. Bromides may be used in this condition.

The cough often requires much attention. When it is difficult and frequent, a cough sedative is indicated to keep the patient at rest. Morphine is a good cough sedative. When it disturbs the stomach it may be administered hypodermically. In my hands heroin, codeine and dionin are no better than morhpine. Hyoscyamus is a good enough sedative. Immediately following the crisis, the cought cannot always be controlled.

After the Crisis

Pneumonia does not end at the crisis; it exists until the toxemia ceases. Pneumonia is a toxemia. Resolution may be delayed. The patient may need his first or most active medi-

eation after the erisis. Keep the patient in bed until resolution is eompleted. This is a trying time on the heart, especially in elderly people. Supportive treatment is usually indieated following the erises.

I shall not tire you by going over the various complieations and sequelae and their treatment. I make mention, howver, of one complication that I find very eommon and serious. I allude to the loeal applieations foreed upon the patient by mistaken relatives, friends and interfering neighbors. These applieations are often permitted by an indulgent physician. Pain may be eased by a mustard plaster, by heat, or by eold; but pneumonia eannot be aborted nor the course of the disease favorably modified by any loeal applieations. Clinicians generally agree with these statements, and furthermore, they believe loeal applieations a souree of mueh harm. The chief objeetion to poultiees is the annoyanee to the patient. They disturb his quiet and his ease and waste his strength. Another objeetion is the meehaniеal interferenee. This alone is suffieient to eondemn their use. Why make a patient labor for breath due to added weight and eonstricting applieations? The ehest walls should have entire freedom. Anything, even that innoeent looking eotton jaeket, that interferes with the expansion of the ehest wall, does harm to the patient. The elothing about the ehest should be loose, so that respiration may be performed with the least possible effort and to fullest extent neeessary. Keep the feet and legs warm. Use the hot-water bag or hot foot bath to aeeomplish this.

The trail is ended. "Armed expeetation" seems to be:

(1.) Let the disease alone and treat the patient.

(2.) **Rest** is the most important remedy. Conserve the strength and feed the patient well.

(3.) Put the patient in the best possible environment to win the battle. Maintain good hygiene.

(4.) Treat the symptoms when they oeeur, never before.

(5.) Seeure silent nurses when possible.

By Dr. T. D. Hollingsworth

To be sueeessful in the treatment of pneumonia it is of the greatest importanee to begin treatment at the earliest opportunity after the onset of the disease; if it be possible to see the patient in the initial ehill so mueh the better, as there is then a ehanee to abort the disease and not have the other stages follow. This ean not be done in every ease, but may be in some of them.

In everything exeept the drug treatment I believe there is little difference of opinion among medieal men in the handling

of pneumonia. I think the fresh air treatment is carried to extreme limits. In zero weather, when all the windows are taken out and all heat turned off, it makes the attendants uncomfortable and does the patient no good. It is possible to have pure air without cooling the room to the outdoor temperature.

It adds to the patient's comfort to keep the chest an even temperature. This is attained by the cotton jacket. I like best to apply a relaxing dressing, then cover with the cotton jacket. Such light dressing does not oppress the patient and at the same time relieves a great deal of the pain.

The patient should be urged to drink water often, as it helps to reduce the temperature and flushes the kidneys.

There is no specific treatment for pneumonia as such. Each case is to be treated for the conditions as they arise in the progress of the disease. The ideal method is to prescribe single remedies for the indications met by the different drugs, and as the patient improves change the medicine as conditions change. It is often easier to add another drug to the mixture, when the indication is present for it, and so not disturb the patient with giving so many different preparations separately.

The drugs most often indicated in the treatment of pneumonia, according to the Eclectic theory, are:

Veratrum is indicated by full, bounding, frequent pulse and flushed face, present only in the early stages, at the time of the initial chill or immediately following it. Veratrum should be given only until the pulse is soft and near the normal rate. The dose is from ¼ to ½ drop of the Eclectic specific medicine veratrum given every hour until the effect of the drug is obtained; then it should be stopped.

Aconite is the remedy where the heart's action is rapid, but the pulse is small, hard and wiry. It is generally prescribed for children. The dose of sp. med. aconite is very small, gtts. v. to water ounces four. Sig: teaspoonful every hour.

Asclepias is often indicated in the same case and the combination acts nicely, often better than the single remedy. It will be further noted later on.

Bryonia has a direct action on serous membranes and, as pleurisy is often a complication, it not only helps the pneumonia but is curative in the pleural complication. It helps to prevent the exudate and favors absorption of the exudate when already formed. Bryonia is indicated by sharp lancinating pains, dry, irritating cough, flushed cheeks. It can be combined with aconite or veratrum, or given separately, alternating with the other remedies. The dose is small, gtts, v. to water, ounces four. Teaspoonful every hour.

In the treatment of pneumonia in children, asclepias quiets the nervous system, helps to moisten the hot, dry skin by its action on the sudoriferous glands, eases the pain and relieves the hard, tight cough. The dose is from 5 to 10 drops every one to three hours. It may be combined with bryonia to good advantage when the latter is indicated.

Lobelia. We have the sp. med. and the hypodermic lobelia to use. While the specific lobelia will in large doses cause nausea, the hypodermic lobelia will not, as a rule. Lobelia is a vital stimulant and is indicated by a full, oppressed pulse or oppression of the chest with difficult respiration, when the entire lung tissue seems to be filled with a viscid, thick exudate. From 30 to 60 minims of the hypodermic lobelia may be given and repeated in two or three hours. The dose of the sp. med. lobelia is ½ to 1 drachm to water ounces four. Teaspoonful every hour.

Ipecac selects the small bronchial tubes as its field of action, and is very useful in allaying irritation in them. It is given in pneumonia of children, with bryonia or aconite when those remedies are indicated; in the early stages, before hepatization has taken place; also in the later stages to help clear the lung tissue and restore normal conditions following hepatization. The specific indications are irritating cough with deficient secretions. In children this condition keeps the little one from resting, and small doses of ipecac afford great relief. The dose is 5 to 10 gtts. of sp. med. ipecac in water ounces four. Give teaspoonful doses every hour. I like to combine ipecac and asclepias, when the asclepias indication is present.

Kali. Mur. (potassium chloride) is one or the most valuable remedies in pneumonia. It should be given early in the disease and continued until resolution takes place. It does not interfere with the action of other remedies, is tasteless and can be combined with any of the other indicated remedies. It prevents the deposit of plastic lymph in the air cells and assists in the absorption of the deposit if already formed, so there is much less hepatization than would be otherwise. I usually add from 20 to 40 grs. of the third decimal trituration to four ounces of water and give teaspoonful doses every hour.

Sanguinaria may be of use in some cases where there is a tickling sensation in the throat, resulting in an almost constant paroxysm of coughing. The nitrate of sanguinaria is a more pleasant preparation than the tincture; add gr. ¼ of the nitrate of sanguinaria to equal parts of simple syrup and aqua pura, q. s. oz. iv. Give teaspoonful every hour.

Gelsemium is indicated in those cases that show irritation

of the brain and meninges—high temperature, restlessness, flushed face, bright eyes, contracted pupils. It may be added to the sedative. The dose is from 10 to 30 gtts. to oz. 4 of water, and give teaspoonful every hour.

Rhus tox. is indicated in sudden starting in the sleep, sharp stroke of the pulse, irritability, irritation of the cerebrospinal centers. The dose is 5 to 10 gtts. to a 4 oz. mixture. Teaspoonful every hour.

Hyoscyamus is indicated in delirium with hallucinations; in sleeplessness from cerebral hyperemia or excitement, in dry, spasmodic cough. It has a soothing influence over the nervous system and does not lock up the secretions. The dose of sp. med. is from 1 to 10 drops, according to severity of the case.

Cactus is an important remedy in all cases of pneumonia and, if given early and used throughout the course of the disease, there is less danger of heart lesions following. There will also be fewer cases needing strychnia to bridge over the crisis. The dose of sp. med. cactus is ½ to 10 gtts., although I do not believe it necessary to use the large dose to get results.

Intestinal antiseptics are often needed in pneumonia, as it is very necessary to have the intestinal tract in good condition.

Echinacea will be called for in all cases developing a typhoid condition. **Baptisia** is also indicated in such conditions, as shown by full, dusky tissue and purplish discoloration.

Hydrochloric acid dilute. When the tongue is dry and cracked, deep red in color and covered with sordes, add enough of the dilute acid to a tumbler of water to make it pleasantly sour. A little sugar may be added if the patient would prefer it. Give him a sup of this quite often, and the tongue will soon become moist and improvement will be noted.

[The Eclectic specific medicines approximate the U. S. P. fluid extracts in drug strength. Dr. Hollingsworth is President of the Ohio State Eclectic Medical Association.—Ed.]

Dr. F. C. Newcomb

The theories of the various schools were asked for, not personal methods.

The remedies most commonly used by Homeopaths in the initial stage of pneumonia are aconite and veratrum viride. The aconite patient has a high fever, preceded by a chill; the skin is hot and dry; respiration is rapid; the pulse is quick and wiry; the cough is dry, hacking and painful. The expectoration is thin and may be streaked with blood. Restlessness, anxiety and fear of death are prominent indications for its

use. After hepatization has become fully inaugurated, aconite is of little value. It is commonly used in the lower potencies or the tincture.

The indications for the use of veratrum viride are similar to those calling for aconite. The arterial excitement is more pronounced. Great engorgement of the lungs is the keynote for the employment of this remedy. A red streak down the center of the tongue is one of the surest indications for its use. A hard, rapid and wiry pulse calls for aconite, while a hard, full and bounding pulse points to veratrum.

Iodine is useful in both the first and second stages, when there is high fever and restlessness, with difficulty in breathing. It is particularly valuable in delayed resolution when hectic and suppurative symptoms develop.

Dr. Kafka, of Germany, prescribes iodine in the first, second or third dilutions every hour, as soon as the physical signs of pneumonia show themselves, and claims to arrest the process in twenty-four hours. He considers it the only treatment necessary if begun early enough.

Bryonia is considered by many Homeopaths the most valuable remedy we have in pneumonia, especially when complicated by involvement of the pleura. Its use follows that of aconite and veratrum viride. The patient may still have a high fever but has lost much of his restlessness. The cough is looser and more moist. The bryonia patient wants large quantities of water, has a short and jerky respiration, pains are aggravated by motion of any kind. The more prominent the stitching pains caused by coughing or other motion, the more is bryonia indicated. The tongue is dry and the patient is inclined to be apathetic. The third decimal potency is commonly used.

Tartar emetic is of special value in the stage of resolution. Indications for its use are a loose mucous cough, rapid respiration, crepitant rales, great anxiety of countenance, nausea and anorexia. The breathing is oppressed, and the patient wanting to sit up to breathe more easily. It it commonly used in the third trituration.

Phosphorous is a remedy considered very valuable by many Homeopaths, especially when there is cerebral involvement accompanied by a sense of pressure across the upper chest and constriction of the larynx with mucous rales. The sputum is a yellowish mucus with streaks of blood or rust-colored. There is severe congestion of the lungs, but the arterial excitement is not marked.

Other remedies less commonly used by Homeopaths in the treatment of pneumonia but of value when their special indi-

cations are present, are: Belladonna, hyoscyamus, sanguinaria, chelidonium, ipecac and the various forms of mercury.

Editorial Note

It must be understood that, in actual practice, both Eclectic and Homeopathic physicians use much the same general management as do the Regulars, giving purgatives, quinine and such drugs in full physiolgic doses. Eclectic "specific medicines" are specifically indicated in certain states or symptoms, not being claimed as "specifics" in the usual acceptation of that term.

Relaxing dressings used by Eclectics are pastes or light poultices of such drugs as lobelia, tobacco, ipecac, etc. The Eclectic dosage appears small, but it is frequently repeated, and the most of the gentlemen of that school push dosages up when necessary. **Veratrum viride** is the only species of veratrum they use. Asclepias is **asclepias tuberosa,** or pleurisy root. Be careful in handling their preparation of **rhus toxicodendron**: it may poison your hands if susceptible to the plant.

In using phosphorus according to Homeopathic principles, buy the alcoholic mother tincture or dilution wanted and saturate sugar discs or blanks with it, corking well. If added to water in any quantity at all, or exposed directly to the air, the phosphorus is oxidized.

This symposium gives Eclectic and Homeopathic treatment fairly. Lack of space will prevent our undertaking to print more elaborate papers. Physicians who wish Eclectic and Homeopathic practice in detail will profit by purchasing the books of these schools.—Medical Council.

"TWILIGHT SLEEP" IN THE LIGHT OF DAY

Some very excellent lay magazines and some equally good professional ones have been taking somewhat opposite sides in a discussion of "painless childbirth" according to rules laid down by Drs. Kroenig and Gauss, physicians-in-charge of the maternity clinic, Baden University, Freiburg, Germany.

The treatment is practically an adaptation to obstetrics of Crile's anoci association, that is, it is partly psychologic and partly the administration of drugs to the point of semi-narcosis with the aim of eliminating the memory of pain.

Absolute quiet and very soft light in the lying-in chamber is insisted upon. One hypodermatic injection of narkophen, which is claimed to be less toxic than morphine, is given, and an hour later a first injection of scopolamin into the muscles of the lumbar region. Small doses of scopolamin are repeated at intervals, according to the length of the labor, usually about

five doses being given. Advocates of the method claim remarkable results. A few institutions which are properly equipped for the work in the United States have given it sufficient trial to demonstrate that "twilight sleep" **does** act to abolish memory of pain and may be practiced without marked danger to mother or child, **but only with every institutional precaution.** Gentlemen who have tried out the German technic do not recommend it as a safe procedure under the usual conditions of a general obstetric practice. Except for the abolition of the memory of pain, and as a luxury to women in confinement, there is, thus far, no sustained claim that the method presents any tangible advantages in the average case of obstetrics.

On the other hand, opponents are severe in their condemnation, claiming danger of the child being asphyxiated, prolongation of labor, and excessive hemorrhage. But perhaps the question of medical ethics involved as regards the kind of publicity employed in exploiting the method had some bearing upon opinion rather sharply expressed.

Despite the fact that medical journals generally were quick to denounce the methods of Kroenig and Gauss, the same journals were equally prompt in commending the made-in-America "twilight sleep," as recommended to be placed in the hands of every doctor who cares to purchase tablets of morphin and hyoscin.

Now, despite many unfavorable reports upon morphin and hyoscin in labor—the journals were full of it a few years ago—there are many physicians using these drugs and claiming good results. They must have a reason for it, just as others have a reason against it. But merely giving morphin and hyoscin is not practicing the "twilight sleep" method; no, not even approximating it!

The fact is that racial differences should modify our obstetric practice, as women of different races present differing problems. No hard and fast rules can be laid down. Some women of neurotic tendencies—pampered, petted, unaccustomed to the hardnesses of life—will welcome the German technic of "twilight sleep." One can readily understand that the method has a legitimate application among a certain class. Also these women should be confined in a special institution, where they can **safely** have the balm of "twilight sleep." And one can understand readily enough that the hard-headed country physician sometimes has cases in which morphin and hyoscin will serve him and his patient. True, if he uses these potent drugs, he should remain a longer time with the patient—charging for his time—so as to be on the safe side, and he should not overdo the dosage. But he should not bluff. Giv-

ing a dose or two of morphin and hyoscin is not "twilight sleep," any more than the common but unscientific custom of giving a hypodermatic dose of morphin before anesthesia is "anoci association."

And the blunt fact remains that neither "twilight sleep" nor the administration of morphin and hyoscin in labor is good practice as a routine procedure. Most women need neither one of them. The obstetrical authorities who are opposing these methods are not doing so from mere crankiness.

Surgery and Anesthesia

There is a popular demand upon the doctor to "stop this pain!" After all, most of the doses of narcotics we give are given, not because we think the patient needs the narcotic, but because he will promptly go to another doctor if we refuse. This editor may preen himself upon his virtue because he point-blank refuses a narcotic nine times out of ten it is asked for, and loses practice by the many refusals; but the Scotch are good refusers, and it may be bluntness more than virtue. But whatever it is, it saves many a man and woman from themselves. And that is part of a doctor's job.

The surgeons are responsible for much of this craze for pain-stopping. Incising a boil for a dollar has given way to the ten-dollar, local-anesthesia surgical operation. "Painless dentists" have the call. Blisters are out of date, principally because they hurt. The man who invents "painless vaccination" will have the anti-vaccinationists on the run in short order. Women who have hair removed from their faces by the electric-needle method are now demanding that cocaine first be applied. It is the pain and annoyance that keeps many women from nursing their babies. Ear rings have gone out principally because it hurts to pierce the ears. Men are not a bit better. Every headache must be "stoppel" by a dose of poison and we must soothe our nerves with several cigars a day. Fie on us! We are becoming soft. And modern surgery is helping along in the craze for "stopping" pain.

So, is it to be wondered at that women are asking why it is that normal labor is being made a matter of elaborate surgical technic and without any form of anesthesia, whereas in other surgical work she is fully anesthetized? Years ago, before a labor was regarded as a surgical crisis, ether was given, and we are being asked why its use was nearly abandoned in the lying-in room.

But physicians know the danger of semi-anesthesia. Maybe we have exaggerated these dangers. Certainly we have devised no way to overcome them. And yet it would seem that, in the supreme crisis of a woman's life there should be a way. Let us try to find it. "Twilight sleep" may be a be-

ginning. So, instead of denouncing it, let us try to find out its weakness. Personally disappointed in all methods of anesthesia or semi-anesthesia we have employed in labor, and not at all inclined to view hyosein favorably, yet we feel that a way should be found, even if it is simply some modification of or improvement upon present methods. Meanwhile, let us be charitable to the physicians who advocate "twilight sleep" and hyoscin. If we discover some better way, then our condemnation will come with better grace.

Pain and Eugenics

But a few general considerations must not be forgotten. If we are to retain our regard for the well-being of the race at large, we will not allow ourselves to be swept off our feet by the ultra-modern fear of pain and the craze for narcotics. Sex consideration is admirable in its way; but child-bearing is not a matter of ordinary sex consideration, because the race, not merely the female sex, is most vitally involved in it.

Of course, it is a trial for women to face child-bearing and its pains. Every proper effort should be made to mitigate these trials. But if eugenics means anything vital to the modern woman, she will not act the coward and menace the safe conduct of the important function of child-bearing. She will seek for a remedy, but she will also face the issue whether a remedy is found or not.

With the war craze sweeping the earth and the consequent destruction of the best manhood of several races, we should encourage a sex patriotism in women. Historically women have shown themselves eminently capable of such a patriotism, and the women of Europe are signally manifesting it now.

And as regards the men: is it not time that we suppressed the narcotism of alcohol and tobacco in excess? Why does our civilization cry out for these harmful things? As regards the unavoidable pains and discomforts of life, medicine and surgery will be but poorly employed if it devotes too much of its energies to softening moral fiber, inducing fear of ordinary pain, taking moral heroism from the people, destroying stoicism and engendering the feeling that our primary animal functions are something the race have outgrown and their normal pains something that must be "stopped" with drugs.—Medical Council.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society, presided over by Dr. T. C. Young, in the absence of the President, Dr. O. C. Welbourn, was held at 8 o'clock, Tuesday evening, January 5th, 1915, at the College

Hall. The goodly number of members present took a lively interest in the questions arising for discussion.

The minutes of the previous meeting with the financial report for the year ending 1914 were read and approved.

Dr. Scudder read a communication from Dr. Pinkerton, Secretary of the State Medical Board, requesting that the Society discuss and take action upon possible and advisable changes in the present curriculum as established in Section 10 of the Medical Practice Act. Much enthusiasm was shown in reviewing the curriculum and the several groups from 1 to 7 inclusive were separately and thoroughly canvassed as to the practicability of the number of hours devoted to each subject. The lengthy discussion which followed resulted in the passing of motions recommending the following changes; namely, that:

Group I, consisting of 825 hours and Group II, consisting of 620 hours remain unchanged.

Group III, consisting of 700 hours be reduced to 600 hours. The reduction being made in the number of hours devoted to Pathology.

Group IV, consisting of 240 hours be changed to 432 hours. Materia Medica raised to 216 hours; Pharmacology reduced to 72 hours; Therapeutics to 144 hours.

Group V, consisting of 1120 hours be changed to 1074 hours, resulting in devoting 432 hours to general medicine; nervous and mental diseases 108 hours; Pediatrics 144 hours; General Diagnosis 300 hours; Gynecology 45 hours; Dermatology and Syphilis 45 hours.

Group VI, consisting of 965 hours be reduced to 768 hours; Laryngology, Otology, Rhinology, being increased from 60 to 72 hours. Ophthalmology increased from 60 to 72 hours; Surgery reduced from 500 to 432 hours; Physical-therapy, including Electrotherapy, X-ray, Radiotherapy; Hydrotherapy reduced from 300 hours to 192 hours.

Group VII, consisting of 300 hours and Group VIII, headed as Miscellaneous, and consisting of 30 hours remain unchanged.

The meeting adjourned to meet February 2nd, 1915, at the usual place.

DR. T. C. YOUNG, President Protem.
DR. K. E. SEEBURGER, Secretary.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Alderman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco, June 14, 15, 16, 17, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M. D., Los Angeles, Cal., president; K. E. Seeburger, M. D., 346 W. 47th St., Los Angeles, secretary.

COLLEGE NOTES

By Herbert T. Cox, M. D.

Wednesday, December 23rd, 1914, from 4 to 6 p. m., the students and faculty of the C. E. M. C. enjoyed a Christmas tree. The "stunt was pulled off" in the rear lecture room which was beautifully decorated for the occasion, the tree occupying one corner of the room, and across the opposite corner were tables heavily laden with good substantial "eats" of many kinds, provided by the Student body.

Prof. J. F. Barbrick acted as "Santa," and a good one he made, indeed, except that his little red wagon was not large enough to haul much of a load, but he must have had help in bringing the presents, especially the wild animals, such as the mascot, Tiger, to help the freshman dissect Dean Munk's "Brer Rabbitt," Dr. Cook's goat and several head of other kinds of beasts and fowls. J. T. Hill wasn't there to get his rooster, so we guess Prof. Roath killed it with his cleaver, which was given him to do minor surgery with.

Nobody saw any stork around, but each member of the Obstetric class got a baby, and they all had the cord and placenta, too, so they must have been new, and nobody else could bring so many unless it was Prof. Garland. Each student also got a bag of nuts, nobody knows where they came from, unless Prof. Welbourn is responsible, because he is the one who hands out the things that are hard to crack. Dr. Scudder got a drum, we suppose to drum up students with, but somebody said "beat it," and the Registrar replied "not on your life until after refreshments are served," many amusing presents were received, too numerous to mention, and after the freshmen had each been given their stick of candy, those in charge served refreshments a la nurse style. Everyone had a jolly good time and especially enjoyed Dean Munk's reading. All joined in giving a hearty vote of thanks to those who worked so hard to make the affair a success.

Dr. C. V. Billingsley, class 1914, took the last State Board and was one of the few who passed. We congratulate the doctor.

Dr. H. J. C. Sprehn, class 1913, has given up his position at the Anaheim Sanatorium and has gone to San Francisco for a few months.

Dr. C. L. Stammers, class 1914, who was employed at a Hollywood Sanatorium, returned last month to his home in Selma, Cal.

Prof. De Angelis was so unfortunate as to be ill at home for a few days last month.

The individual desks in the chemical laboratory have been overhauled recently and a good supply of new equipment placed in them, by the Equipment Committee of the Board of Trustees.

NEWS ITEMS

Dr. E. T. Robinson, Chicago, has changed his address to 1363 Washington Boulevard, Station C.

We have had an inquiry for the formula for preparing Elixir Podophyllum. What is it?

Married—Dr. George William Groth and Mrs. Leora Hearne, on January 21st, 1915. The Journal extends congratulations.

Dr. W. P. Ferguson, Santa Ana, writes that he fears he will be unable to attend the National because he is busy reading a World's History in ten volumes.

Miss Annie Shaw, who has been Superintendent of the Westlake Hospital during the past five years, has resigned and has been succeeded by Mrs. Smith, who has been manager of the Seaside Hospital, Long Beach.

Dr. E. R. Petsky has accepted the position of physician and surgeon to the Mexican Candelaria Co., at San Dimas, Durango, Mexico. The Doctor evidently has no fear of the warring factions in that country.

We wish to call our readers' attention to the articles on Pneumonia, which appear in this issue. After reading them you can make your comments and draw your own conclusions.

Dr. O. C. Darling, Riverside, was in the city recently. Dr. Darling has been an invalid for four months, having injured his foot while hunting. A thorn penetrated his shoe and his foot and the injury has continued, neeessitating several operations and confining the Doctor to his bed for many weeks—and the trouble goes merrily along.

We have heard that there is a possibility of Therapeutics and Dietetics continuing under new management. The Journal had discontinued when the editor, Dr. Pitts Edwin Howes, died.

We hope that the profession in Boston will get busy and continue the Journal, which was a good Eclectic publication.

The Medical Pickwick is a new addition to the list of medical publications. It is unique in its purpose, its interest to physicians being distinctly literary, with a humorous trend as suggested by its name. We have read the first number from cover to cover and enjoyed it all. The well known editor, Dr. Samuel M. Bricker aptly describes it as a "monthly magazine of wit and wisdom by and for medical men."

The now world-famed "Mission Play," which is to California what the "Passion Play" is to Oberammergau, will open its doors to the world on Sunday afternoon the last day of January, 1915, in its own beautiful and unique playhouse at Old Mission San Gaabriel. This is the second of the trio of preeminent artistic attractions which California has to offer the people of the earth. The San Diego Exposition opened on December '1st, 1914; the Mission Play on January 31st, 1915, and the San Francisco Exposition will open February 20th, 1915.

Died—Dr. George W. Burleigh died on January 19th, 1915, at his late residence on Allen street, Los Angeles, and the funeral was held January 21st, 1915, at 2 p. m. He had been a practitioner of medicine in Los Angeles for nearly thirty years. He was born August 24th, 1836, and was therefore nearly eighty years of age when he died and was able to attend to his practice until within six weeks of his demise. He began the study of medicine in early life, but was obliged to discontinue sedentary life on account of defective health. He therefore engaged in business which gave him an outdoor life for several years, and finally came to Los Angeles for still further benefit to his health. Having finally recovered sufficiently from the weakness of his early years, he returned to the study of medicine, and graduated from an Eclectic Medical College, Indianapolis, Ind., in 1887. After practicing for a time in Los Angeles, he moved to San Francisco; but finding the climate of the Bay City too changeable and severe for him, he returned to Los Angeles, where he continued in practice until his death.

Dr. Burleigh was a man of unusual bodily presence, and by the contageousness of his personality quickly commanded the confidence of those who applied to him for advice or treatment. He was always studious, genial, independent and courageous; and, while as gentle as a woman in dealing with everyone, he had not only convictions but a will power that was of value, not only to himself, but to all who came under his professional direction.

Los Angeles has lost one of its most valuable medical practitioners in the death of Dr. Burleigh.

A. S. TUCHLER, M. D.

The California Eclectic Medical Journal

Vol. VIII. MARCH, 1915 No. 3

Original Contributions

AN OVARIAN OPERATION AVOIDED

Dr. A. S. Tuchler, San Francisco, Cal.

The following case will illustrate our method of high-frequency treatment for an inflammation of the ovary, with or without adhesions and perhaps complicated with pus in the Fallopian tube.

This lady, of robust physique, age 20, recently married, of excellent family, never had any sickness of a serious nature. Menstruation had always been regular and without pain. But shortly after her marriage she commenced to complain of pain in the ovaries, also of a profuse yellow discharge. Her monthly periods were also very painful. This continued for about four months, the pains in the ovaries gradually decreasing and the discharge becoming less under proper medical treatment.

However, subsequently, while on a shopping tour, the pains again became so severe that the lady fell in a faint and was taken to a hospital. After an examination by the surgeon in attendance, it was decided that she had enlarged and inflamed ovaries, complicated with pus in the Fallopian tubes—pyo-salpinx—and an operation decided upon.

However, she absolutely refused to allow this and remained in the hospital three weeks before she was strong enough to leave that institution.

On the recommendation of a former patient of ours, who suffered from the same complaint, the lady presented herself to our office to see what the high-frequency treatment would do for her.

On examination we found both ovaries and tubes enlarged and painful, with a profuse yellow discharge emenating from the neck of the uterus. This discharge was submitted to the pathological laboratory with a resultant gonorrheal report.

She received daily bipolar Tesla treatments from a high-

frequency cabinet. This machine (see illustration) was expressly made so as to give a very high-frequency current without the heavy amperage of the ordinary H. F. cabinet, and therefore giving none of the burning nor stinging sensations, so that the treatments can therefore be given much longer than from the ordinary machine and with far better results.

So this lady was treated daily for thirty minutes, while from the ordinary high-frequency machine no more than seven minutes can be safely tolerated, as follows: An Aseptic glass vaginal insulated electrode was inserted in the vagina up to the painful ovary and connected to the active post of the battery, while a moist metal covered pad was placed externally where the pain was greatest and connected to the indifferent post, which was groundd. After each treatment a tampon with a solution of Ichthyol, 10 per cent in glycerine, was inserted in the vagina.

With this current the patient is not charged, it being concentrated only where required. The electrodes were placed on alternate days on the right and left sides, respectively.

The result of such daily treatments was that in three months there was absolutely no pain nor swelling left.

For the gonorrheal infection the lady received the proper vaccine hypodermic injections.

In this case there was good drainage from the Fallopian tubes through the uterus, so that the pus found vent through this channel. Had the opening of the tube leading to the uterus been closed so that the discharge could not flow out, then an operation would have been the only recourse.

The lady now presented herself at the hospital where she was previously taken for an examination to show the result of the electrical treatments which she had had, and to the astonishment of the doctors, nothing could be found which required any surgical interference.

In a paper which was read by the writer before the National Eclectic Medical Association at Indianapolis, Ind., June, 1914, and which was subsequently published in the "National Eclectic Medical Quarterly" for November, 1914, a series of cases were described of ovarian inflammation complicated with adhesions and pus tubes, treated by the high-frequency Tesla current, as detailed in this article.

At the present time none of these ladies have had any relapse nor suffered the least inconvenience since their recovery about two years ago.

KALI PHOS IN THE AFTER TREATMENT OF ANTERIOR POLIOMYELITIS

J. Fraser Barbrick, M. D., Los Angeles

Read before the California Eclectic Medical Society.

Last September, shortly after my return from Europe, there came under my care a child, female, aged 2 years, who had one month previous suffered an attack of Anterior Poliomyelitis. Examination showed the little one weak, debilitated, restless and irritable; mucous membranes and white of eyes showed an anaemic blnish cast; right leg helpless. Parents were alarmed and worried, looking forward to an invalid and crippled future for their baby as the least of the two evils that seemed to beset her.

After careful electrical tests showed no reaction of degeneration as yet in the muscles involved. I decided, if we all got busy, something might be done to at least modify the sequelae, if not repair the damage that had already occurred. So I advised electricity—galvanic and faradic—massage, salt baths, fresh air, sunshine, outdoors, correct food, etc., trusting to these to do what might be done and giving no thonght to remedial treatment except an iron tonic.

But altho treatment as above outlined was religiously carried out, I could see little or no improvement, and in watching and studying the case it dawned on me I had here in the bluish hue of the mucous membranes the impoverished nervous condition evidenced by the general systemic debility, most of the indications as tanght by Professor Willard in his lectures at the California Eclectic Medical College and as set forth by him in his article in the California Eclectic Medical Journal, March, 1912, for Kali Phos.

I at once suspended the Chalybeate tonic and gave 3X Kali Phos T. T. one dry on the tongue every hour when awake. The child took the little sweet discs very willingly and the parents were glad to be relieved of the task of giving the liquid iron compound, which even in the most pleasant form possible could not be considered a palate tickler.

And now comes the astonishing part of it all—the results. In less than two weeks the change began. First, the peevishness, irritability and restlessness disappeared; the mind became bright, and the playfulness and mischief which had characterized her before her illness returned. Soon the leg showed evidences of increased strength, and a general and decided improvement set in which gradually continued until at present

the child is the picture of health and apparently perfectly well, the only evidence left of the trouble being a slight difference in the size of the calves—that of the right leg being the smaller—and an inability to fully flex the ankle, and the toes, except the great one, can be reasonably well extended, showing that the extensor group of leg muscles have fairly well recovered.

Of course, the treatment outlined at the beginning was and is still being continued, as is also the Kali Phos. But I am satisfied that the beginning of improvement so soon after starting the use of this remedy was not a coincidence and am just as sure the splendid results gained were made possible by the patient and persevering administration of this tissue salt, which was administered because of the specific indications and used absolutely eclectically.

HORMONES, SHALL WE ADD THEM?

Finley Ellingwood, M.D., Chicago, Ill.

In reading the pages of the history of the Eclectic school of medicine, we are aware that the field, that was **drawn from by the fathers** in selecting drugs in the early days, was almost exclusively **the botanic** field. In the natural evolution of a **great system of medicine** which has become a **dictator** in the lines of internal drug application we have thought best to draw from other fields **only to a limited** extent. Our great effort has been made in the **correct development of our knowledge** of plant drugs. The question now arises: Have we in our systematic study omitted other classes of remedies, that would have given us a broader field, and a wider reputation, and, perhaps, improved our own methods of healing the sick? With us an organic materia medica is the rational materia medica, and our close adherence to organic remedies, has certainly developed correct underlying truths that can not be gainsaid, and that will stand the test of all future time. Probably more opprobrium has been cast upon Eclectic physicians for adhering **to vegetable remedies so largely,** than for any other one cause of complaint. When the truths are known the basis for the position taken by these physicians is the only **real scientific basis.**

The essential chemical elements of the body are classed as inorganic. The argument is made, **up to this moment,** by the most scientific of medical men, that to supply iron, or potassium, or sodium, or any other chemical element which may be deficient, the chemical substance must be prescribed directly. In the line of other scientific advancement, it is strange that

these erudite observers have not long ago recognized **the resistance the system** makes to the ingress of strictly inorganic substances; to the fact that every inorganic body must pass through a transformation, subtle, not well understood, not explained in plant life, making it **an organic body,** before it can be appropriated or transformed by the vital **animal** processes, into an animal cell or made a **part of an animal** cell. Vegetable remedies—plant drugs—are by virtue of the vital organs from which they are reproduced, and which in themselves sustain their own vital character, organic. It is now generally recognized that when such is taken into the system in an organic form, immediately adjusts itself to the organic conditions within the system, becoming in a smooth harmonious manner, without the necessity for any waste of physical or chemical energy, necessary to convert it into an organic body, an essential vital part of the system.

True rational remedies then, must be of themselves, organic. The highly satisfactory manner in which these remedies are appropriated fulfill their specific function quickly, and are eliminated without producing irritation or detrimental influence; their stable, reliable character and permanent effects all prove the position we take, and these facts can not be gainsaid.

In the evolution of our knowledge of the physiologic action of the organs of the body, the fact has grown upon us until now it is positively assured that the ductless glands, once considered without function, exercise a subtle, direct and vitally essential influence over the functioning of the various organs of the body; that this influence is very specific; that this influence, as we shall show further, from the various organs or glands, works each in perfect harmony with the other, determining a correlation between the action of these organs which sustains an essential balance—a coordinate influence in the essential functioning of the whole. In our adherence then, to the field of organic remedies, the question now arises: May we not broaden this field by adding, not animal serums prepared by artificial process, not vaccines alone prepared from either dead or live bacilli, but may we not select that class of remedies which are called the hormones, secreted by the endocrinic glands, prepared as essential extracts from the various organs, ductless glands or other animal structures, which are found to contain an essential active principle comparable in many particulars with the alkaloids of the plant drugs.

The use of the substance of animal organs in the treatment of disease was first mentioned between four hundred and six

hundred years before Christ, in referring to the testicular substance of the boar as a tonic to the reproductive organs of the male. For half a century cod liver oil has had official recognition as a restorative. All previous observations up to two decades ago were empirical. Then began the administration of gland substances in cases where disease was believed to be due to deficient secretion of that particular organ. This began with the thyroid and the suprarenal glands, and was followed with what might be called a craze for organotherapy. This resulted in experimental observation with the **substances** of every internal organ of the sheep or ox. These were removed and dried and powdered, compressed in tablets or glycerine extracts, and administered as was thought to be indicated by the disease of the organ that was used. Because this was too general and not sufficiently specific, the method did not hold its ground.

Twelve years ago the **active principle** of the suprenal glands was discovered, and from that discovery the hypothesis that each gland must have such an active principle was acted upon and largely proven. Concerning these active principles, Starling, in 1907, used these words: "Since in the normal functioning of the body there have to be discharges at frequent intervals into the blood stream, and carried onward by this to the organ on which they exercise their specific effect, they can not belong to that class of complex bodies, which include the toxines of animal or vegetable origin. We must therefore conceive them to be substances, produced often in the normal metabolism of certain cells, of **definite chemical** composition, comparable in their chemical nature and mode of action to drugs of specific action, such as the alkaloids. This conclusion is borne out by the few investigations which have been made as to the nature of their chemical structure in the case of certain well-marked correlations of functions in the higher animals. In consequence of the distinctive features of this class of bodies, and the important functions displayed by them in the higher organisms, I have proposed to give a special name to the class, viz., **Hormones,** from 'I arouse or excite.' "

This nomenclature is now accepted, and the hormones are the extractive principles or the active influence of the various glands of the body, and beginning with this, we can see more clearly what must in the future evolve a systematic and rational addition to our own systematic, scientific and rational measures and, as Eclectics, I think we must liberally look into this fully and give it its exact place in specific therapeutics, because specific it will certainly be, when fully developed.

In the development, then, of **Hormone therapy,** or animal

substance medication, the body, it would appear, for certain definite, invariable purposes manufactures its own drugs. These are supplied by the glands of internal secretion. These glands, as stated, have the power to correlate and coordinate the various body functions, such as pregnancy, the mammary secretion, growth, and the sexual development. While they are doing this, they also destroy any toxins within the system, and further still, these various secretions control one another. This last influence is, indeed, a most important phase of hormone therapy, for we must remember that when a certain secretion is deficent, we not only have the results of this deficiency to deal with, but we have the painful effects of uncontrolled antagonistic secretion. It is vitally essential that the "hormone balance" must be sustained, as this is a most important factor in medical treatment.

In administering the various glandular extracts, every possible portal of ingress has been used. At first, it was supposed that if taken by the mouth they would be acted upon by the gastro-intestinal secretions undesirably, or would be influenced by many conditions.

Objections were found to subcutaneous and intra-muscular routes, and perhaps the larger proportion has been used by intravenous injection, but at present it is found that this class of medicines can be taken readily by the stomach. This is convenient and is generally effective. When taken by the stomach, they do not seem to be influenced by the gastric symptoms; they are quickly absorbed by the blood and soon reach the point where chemical and physical action is exerted.

It has been found, also, that in many cases, like our own remedies, a small dose frequently repeated is more desirable than if a large dose be given at longer intervals. The amount of the dose can not be laid down yet in exact terms. They are given almost exclusively to supply deficiency, or correct perversion, and the extent of the deficiency determines the quantity to be taken; but from the first it is best to begin with a small dose and increase as the condition demands.

When any hormone is deficient there is a craving in the system for that substance. We may see this throughout the entire system, although it is shown locally, but it influences the entire system by disturbing the delicate hormonic balance. It is said that a pebble thrown onto the surface of the sea will disturb every molecule of the water of the entire body, and thus a disturbance of one of these glandular secretions affects all.

At the Italian Congress of Medicine in October last, the official report deals with the secretions and their influence in

health and in disease. At that congress they gave a general name to the ductless glands having internal secretion. They call the system the Endocrinic System, and the glands the Endocrinic Glands. They laid much stress on the fact that when one gland was affected, other of the glands quickly participated. This confirms the sensitive interaction of these glands spoken of elsewhere.

As before stated, the delicate hormonic balance, which must be sustained within the body, is easily disorganized. This may be done through disease of the cells themselves. In Graves' disease there is an excess, and in myxedema there is a deficiency of the proper secretion. These preparations then act as an actual stimulus—a restorative of function to the corresponding organs.

I have time for but few words concerning each of these substances. The substance called "Secretin" is a definite chemical substance procured from the cells constituting the walls of the duodenum. This substance is found to be a stimulant to pancreatic activity, and it is believed that where the pancreatic glands in the human are sluggish, inactive, or their function is impaired by disease, this substance will thus be of specific influence, and this is a reasonable conclusion.

In diabetes mellitus, the patient is starving to death for want of carbohydrate nourishment, although in the blood there is a great excess of sugar. The appropriation of the chemical elements in the sugar is not properly made, and this is thought to be due to disease within the pancreatic glands. Therefore, if this glandular secretion be increased in the body, the combustion of the carbohydrates is correspondingly increased. Although this is not universally successful, yet it is in the right line, and such a course must subsequently be adopted as a successful measure.

For twenty years in the treatment of tabes dorsalis the animal extracts have been counted as the most efficient restorative measure. Dr. Starky says that he prepared an extract from the thyroids, parathyroids, the ovaries of sheep, and the testicles from sound cocks, with the pituitaries of sheep. These he crushed in glycerine and filtered, and injected the product.

In the treatment of every condition where the cells were inactive or destroyed, he obtained good results. This, especially, in the treatment of the above disease. In a number of cases in which he used it the patients were completely cured.

He reports six or eight very interesting cases where the tabes, with all characteristic symptoms, were present, and the

patient succeeded in becoming physically active, and, in some cases, entirely cured.

In the treatment of tuberculosis, Dr. Bayle, of France, gave hypodermic injections of an extract from the spleen. In some cases he gave of the raw pig spleen in a syrup, equal to a tablespoonful, four times a day. The result was an improvement of the general condition of the patient. In some cases the cough and night sweats disappeared, the red blood cells were increased, as were the white cells, also. The doctor believes that tuberculosis is a splenic insufficiency, and that treating the spleen is a very important factor in the treatment of this serious condition. He claims out of quite a number of cases to have cured all first degree cases, and 75 per cent of all cases he undertook, some of which were very far advanced.

A supra-renal tumor was found in one case where there was abnormal development of the external genital organs. A number of cases are reported where the sexual character of the growing child was abnormally developed, where there was disorder of the structure of the supra-renal glands. In one case there was tuberculosis of these glands and diabetes followed. In fact, several cases are reported in which there was thought to be tuberculosis of these glands with diabetes.

Experiments have shown that an extract of the adrenals will control the flow of the pancreatic juice, and some cases, it is proven that an undue production of adrenaline has preceded diabetes.

In the treatment of asthma, a number of quotations are made from the use of adrenaline with success. One author had success in every case; another had excellent results in spasmodic cases, and good results in all cases. The remedy will also shorten whooping cough and benefit certain cases of cardiac dyspnoea. A number of cases of vomiting of pregnancy have been controlled with adrenaline, but observations concerning this agent have covered a field too broad to be fully considered in this article.

Conflicting reports are made concerning the use of an extract of these glands for the treatment of exophthalmic goiter. A writer in the London Lancet cured a seriously relapsed case with this remedy, and other very favorable cases are reported.

Sajous, in summing up the value of the use of an extract from these glands, mentions Addison's disease, toxemias, surgical heart failure, capillary hemorrhage. He believes it will yet prove of advantage in heart weakness, with dilation of the right ventricle, with dyspnoea and cyanosis, in asthma, to prevent the paroxysms, and especially to prevent the reap-

pearance of effusions after the patient has been aspirated, and in exophthalmic goiter.

The field for the use of the thyroid gland is a wide one. It seems to exercise an important function in regulating, in a subtle manner, the functional mechanism of the organs of nutrition, growth and development.

In Graves' disease with emaciation, hunger, thirst, polyuria, diarrhea, vomiting, sweating and nervous symptoms, with increased rapidity of the pulse rate and raised blood pressure, we have a train of symptoms which have been produced by excessive thyroid medication, Dr. Waller, of Birmingham, says. He believes the thyroid acts by its power of influencing other organs, also. There are certain cases of obesity that have been cured in a striking manner by this remedy, but it is those which, he thinks, are due to ovarian origin. Those cases of obesity, due to overeating, will not be benefited. Certain cases of myxedema are cured by this remedy.

The same writer thinks that thyroid extract has an antagonistic influence upon the pancreas, and he thinks this remedy, like the supra-renal extract, will sometimes have a suppressing influence on the pancreatic secretion, as glycosuria may occur where too much of this remedy is taken. He is positive that it increases blood pressure, notwithstanding other theories to the contrary, provided there is no trouble with the heart. If the heart is wrong, the effects will be bad, indeed. Where the heart is fatty, and its muscular structure feeble, where there is dilation or valvular disease, or the vessels atheromatous, the blood pressure already high, the remedy is a dangerous one.

Conversely, to its use in obesity, where a child is poorly nourished, there are some cases in which very small doses of the thyroid continued with caution as long as benefits result, will be found exceedingly valuable.

The author believes that thyroid treatment should never be used in tubercular patients. If we will compare the symptoms which are given for Graves' disease, we find a striking similarity, and this fact is a conclusive argument to the writer that this remedy should not be given, especially as tuberculosis is a common ending for Graves' disease.

Where there are evidences of hyposecretion, such as restlessness, sleeplessness, sluggishness, neglect of routine duties, forgetfulness, a general dullness, this remedy should be used. This condition sometimes leads to cretinism, slow growth, eczema, infantile obesity, and, in girls, chlorsis and amenorrhea; some forms of epilepsy, hysteria and melancholia are

caused by it. Small doses cautiously continued are always necessary.

The field of action of the pituitary gland is an astonishingly wide one. It controls, without doubt, to an extent, the various functions of the body, especially the growth and development of the sexual organs, and it is intimately related with the function of the supra-renal glands. When this gland has been removed in animals there is an arrest in growth, disturbance of nutrition, serious injury to sexual functions, internal weakness, the animal becomes dwarfed, and there is atrophy of the glands.

The disturbance is not in this gland alone, but it is plainly evident that the function of the other endocrinic glands is materially impaired also. The symptom-complex of hypopituitarism is very similar to that of deficient thyroid or thy' mus gland influence. There is considerable authority in German literature for the belief that diabetes insipidus is caused by an over-secretion from this gland. One patient who died apparently from this disorder, was found to have cancer of the pituitary body.

There is one extract, secreted by the pituitary gland, that causes diuresis, strengthens the contractions of the bladder, uterus, intestine, stomach, gall bladder and bronchial muscles, dilates the pupils, acting just the contrary to that of adrenaline. It causes prompt bowel movements by stimulating the muscular activity of the bowels and overcomes uterine inertia.

When the thyroid gland is removed before death, changes are found in certain cases to take place in the pituitary body. These are enlargement, deposit of a colloid substance and increase of hyaline bodies.

The pituitary extract is used in labor where the pains are very feeble, where the muscular exhaustion is apparent. Its influence is exercised without injury to the child. It shortens the labor also. In a number of cases where it was used during abortion, severe syncope followed. It does not produce the pains, but it strengthens those that are occurring. It is not counted as yet an absolutely certain remedy. It is advised in placenta previa because it not only controls muscular action, but it prevents hemorrhage. However, it should be avoided in abortion and premature labor, as the contractions it sets up are usually too greatly prolonged.

After surgical operations, where there has been shock and exhaustion, a German writer advises it as producing a satisfactory tonic influence.

Another German writer used small doses of the extract,

associated with the calcium carbonate, in five cases of rickets in infants. In less than two weeks all five were able to stand upright and walk. They increased in strength and weight, the improvement being highly satisfactory.

Pancreatic extract had been used for some years with the hope that it would ultimately be found to control diabetes. As there is much doubt yet as to the full function of the pancreatic gland, there are none of these ductless glands that demand more and closer observation.

As a cause of diabetes mellitus, diseases of the pancreas does not hold the place it once held. A recent German writer, Minkowsky, disagrees with Von Noorden, holding that the disease is a failure to utilize the sugar that is in the system,—owing to a deficiency not only in the pancreatic secretion, but a failure also of the ductless glands to properly co-ordinate, a lack of hormone balance. Yet he believes the most of the blame is to be thrown upon the pancreatic gland.

It is more than likely that not only the pancreas, but the adrenals, the thyroid, parathyroid and pituitary bodies have a marked influence on the carbohydrate metabolism.

A woman who died from extreme diabetes showed on post-mortem the pancreas greatly reduced in weight, edema of the thyroid, the pineal gland loaded with colloid drops, the suprarenal glands spongiocytotic and the ovaries greatly atrophied.

Concerning the ovarian secretion, there was at one time a great deal of argument in favor of the use of this organ in a dried form, and it certainly would produce beneficial results when carefully given. At present but little is said of it. This should be studied in reference to its correlation to the other ductless glands. It controls the nutrition of the uterus and stimulates the functional activity, without doubt, of the reproductive organs, especially in the female. A German writer has given the ovarian extract, with iron, in chlorosis, amenorrhea and dysmenorrhea, with satisfactory results. There are some cases, where the ovaries have been removed, the patients nervous, very excitable, and on the border of sexual neurasthenia, in which in my own observation the ovarian extract has acted as a stimulant and upbuilding remedy of peculiar benefit.

The function of the corpus lutem, of the thymus gland, of the pineal body and of extracts of the prostate gland, with that of the lymphatic glands, and mesenteric glands, as well as the carotid gland, are all being studied with an idea of determining a sufficiently exact knowledge of their influence to add them to the other ductless glands, as exercising a beneficial therapeutic or restorative influence. In our own opin-

ion, the individual field of these glands is not wide, but it is exceedingly important.

To close with these facts before us I ask you, shall we add these organ extracts to the Eclectic materia medica?—N. E. M. A. Quarterly.

INHALATIONS IN TUBERCULOSIS

Dr. John Albert Burnett, Hartshorne, Okla.

There is a wide difference in opinion of physicians as to the value of inhalations in the treatment of respiratory diseases. This is a subject that deserves more attention and should be thoroughly thrashed out. It is an evident fact that inhalations of various drugs have effect. We all know the effects of inhalations of chloroform, ether, gas, etc.

In "A Textbook of Elementary Chemistry," John H. Long 3d, ed. 1906, I find the following: "One of the most characteristic of the arsenic tests is known as Marsh test. If to an apparatus in which hydrogen is being generated by the action of hydrochloric or sulphuric acid on zinc a small amount of arsenical solution be added the nacent hydrogen forms with the arsenic the gaseous compound AsH_3, which is extremely poisonous."

Dr. T. B. Lees, of London, has a book on "The Diagnosis and Treatment of Pulmonary Tuberculosis." It was published in 1913. The price is 5s. 6d. It does not contain any information regarding secret remedies. Dr. Lees wrote me as follows: "In reply to your request, I beg to say that you can obtain full information about the treatment of tuberculosis by continuous antiseptic inhalation (with an account of seventy cases) by ordering a copy of 'The Diagnosis and Treatment of Incipient Pulmonary Tuberculosis,' published by H. K. Lewis, London."

There is a book, "Treatment of Tuberculosis," by A. Robin, translated by L. Blanco with the assistance of H. de Meric, which gives information on inhalations and respiratory apparatuses.

W. C. Minchin is author of a book, "Treatment, Prevention and Cure of Tuberculosis and Lupus with Allyl Sulphide." In the treatment of pulmonary tuberculosis Dr. Minchin uses allyl sulphide by inhalation. There is no secret preparations about any of Dr. Minchin's remedies. If desired any of his remedies can be obtained from Hayes Conyngham and Robinson Std. (Marshell's Pharmacy), 9 Duggan Place, Rathnimes, Dublin. Dr. Minchin invented a special inhaler, which is made by Arnold & Sons, London. Dr. Minchin has the following to

say regarding his inhaler: "It occurred to me when treating patients who suffer from pulmonary tuberculosis with inhalations that they required more ventilation than was allowed by the recognied inhalers. This was especially evident when it was used in those cases where rapid respirations, cough, dyspnoea and accompanying cardiac embarrassments were prominent features. These symptoms I found were usually much increased, often dangeronsly so by the obstruction which was offered to the respiration by the close inhaler. I applied to Messrs. Arnold & Sons, who skillfully manufactured an inhaler having portion of the side wings cut away and strengthening the edges of the aperture with metalic binding, which overcomes the difficulty. The sponge of the inhaler should be soaked with the succus allium sativum inhalation each time it is used. The sponge should be removed once daily and washed." Dr. Minchin says the oil of allyl is very deadly to the bacillus tuberculosis. He says: "It saturates the human tissues and blood stream in a manner which cannot be excelled by any serum. Its action is rapid and in case of pulmonary tuberculosis if no shut-away fluid exists a great improvement will be noticeable in a few weeks, and this will continue. If there be no improvement in three weeks under its influence I have never seen either itself, any serum germacide or sanitarium treatment do any good subsequently, and I believe we are dealing with a case of 'shut-away-fluid.." In case of "shut-away-fluid" Dr. Minchin believes in operation. See his article, "A Plea for a Combined Surgical and Medical Treatment of Pulmonary Tuberculosis," the Medical Press and Circular, December 3rd, 1913.

This is an important subject, and for further information I will refer the reader to six of my articles as follows: (1) "Inhalations," June, 1911, Wisconsin Medical Recorder; (2) "Inhalations," October, 1911, Eclectic Medical Forum; (3) "Inhalations," December, 1911, Medical Summary; (4) "Remedies for Inhalation," April, 1912, Medical Summary; (5) "The Value of Inhalations in the Treatment of Pulmonary Tuberculosis," April, 1913, Oklahoma Medical News-Journal, and (6) "Inhalation Treatment," November, 1913, California Eclectic Medical Journal.

THE PRESENT WAR AND MEDICINE

R. L. Thomas, M. D., Cincinnati, Ohio

Some one has said any country that goes to war makes the whole world suffer. In other words, every country in the world helps pay the bills. Certainly in the present great war, in

which almost every nation save our own is engaged, all will agree that every one must help pay the bill. The medical profession will probably pay dearer than many other professions.

A large number of drugs that are prescribed most frequently by the profession have already advanced in price from 50 to 600 per cent and the end is not in sight, but a more serious result is, that if the war is prolonged till freezing weather, many remedies that are daily used will be out of the market.

The Eclectics are more fortunate than the dominant school of medicine, for we are rich in a splendid materia medica derived in a large measure from American plants, and are not, therefore, dependent upon German synthetic products; and now is our great opportunity to prove the therapeutic value of our own remedies. Have we any agent that we can use as a hypnotic that will take the place of trional and veronal? Is there any agent that will relieve the various aches and pains like aspirin? Are there any agents that will take the place or can be substituted for aconite, byronia, digitalis, stieta, ipecac or hyoscyamus? The crude drugs will not be gathered this fall in foreign fields, for red war grips the world and men are too busy killing each other to harvest plants. Should the supply of aconite be exhausted, a not improbable condition, what can be used in its place? If we remember that the direct cause of sedation is the agent's action on the nervous system, we at once turn to gelsemium. In nearly all fevers, in the early stage, there is irritation and determination of blood; the patient is restless, with flushed face, bright eyes and contracted pupils. With such conditions gelsemium will meet the conditions without the use of aconite, if given in little larger doses than when usually combined with that valuable agent. If we must do without aconite, gelsemium will be the remedy to which we will turn. So in regard to the various aches and pains for which aspirin is given. It may not relieve as quickly, but is safer, with no fear of any depressing effect. Should we be called to do without digitalis and strophanthus, we find valuable remedies in crataegus, cactus and convallaria. For hyoscyamus we may substitute stramonium. For bryonia, asclepias. For trional and veronal, full doses of passiflora.

While it may be possible that every remedy has its own peculiar action, yet the general effect can be obtained by other agents. Should we be forced to give up these splendid remedies, therefore, we will not be helpless, but on the contrary, will be able to combat diseased conditions most successfully by remedies prepared from American plant life.—Electic Medical Journal.

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THE HARRISON NARCOTIC LAW

For several years the use of habit forming drugs has been increasing, and it was apparent that something should be done to stop the traffic. After two or three abortive efforts Congress has enacted a law which promises much, though it is indeed unfortunate that it comes to us under the guise of a license and tax law. Doubtless the promoters of this bill thought that this subterfuge was necessary, but such a course never appeals to us.

However, the law becomes effective on the first day of March, and as all medical practitioners come within its provisions it is necessary that all of us should be informed as to its requirements and govern ourselves accordingly. The following resume of the law has been prepared by Lloyd Bros., and we recommend the reader to give it not only his immediate attention, but also to preserve it for future reference:

The Physician and the Harrison Act

Under this law, every person, partnership, association, company or corporation (except those specifically exempt) who

produces, imports, manufactures, deals in, dispenses, sells, distributes or gives away any opium or coca leaves, or any compound, manufacture, salt, derivative or preparation thereof, alpha or beta eucaine or any of their salts or any synthetic substitutes for them, shall register and pay the special tax.

This includes all physicians and private hospitals and clinics. Failure to register, pay the tax and comply with all the regulations will subject the person convicted to a fine of not more than $2,000 or imprisonment for not more than five years, or both.

What the Physician Must Do—Do It at Once—Do Not Delay

1. Obtain from the collector of internal revenue of his district, blank for the application of register and also blank for application for duplicate order blanks.

2. On receipt of the same, fill out and return with the required amount, thirty-four cents for application for register. This amount pays for registration to June 30, 1915 (the close of the special tax year). On July 1, or preceding, application must be renewed, fee then being one dollar for one year. Ten cents for ten duplicate order blanks. If more blanks are desired, they can be obtained at the rate of ten cents for each ten or multiple of ten.

3. On March 1, 1915, make an inventory of all opium, cocoa leaves and any compound, manufacture, salt derivative, or preparation thereof, alpha or beta eucaine or any of their salts or any synthetic substitutes for them. This inventory must be verified by oath before a notary public not later than March 5, 1915, and preserved and kept on file.

4. All orders for opium, coca leaves and the preparations thereof, alpha or beta eucaine or any of their salts or synthetic substitutes for them, must be made on the official order blanks. The duplicate copy must be kept by the physician for two years subject to inspection as provided by the law.

5. Do not dispense, distribute, sell or give away any of the items covered by this law except under the regulations of the law, as follows:

Prescriptions

1. Prescriptions must be written upon prescription blanks bearing the official register number (given at the time of registration).

2. Prescriptions must be dated upon date written.

3. Prescriptions must bear the name and address of the physician giving it and be signed with full name by him.

4. Prescriptions must bear the name of person for whom same is prescribed.

5. Druggists cannot fill prescriptions unless they comply with these regulations. Refilling of prescriptions is prohibited.

Personal Visits to Patients

Physicians may dispense to patients they visit personally such amounts of the drugs coming under the provisions of this law as are necessary without making records.

Office Calls and Office Dispensing

All drugs under this law, dispensed, sold, distributed, given away to patients calling at physicians' offices, or sent by the physician to the patient's home from the office, must be recorded as follows:

1. The date when any such drug is dispensed or distributed.

2. The kind and quality dispensed or distributed in each case.

3. The name and address of the patient to whom such drug was dispensed or distributed.

4. Physician must supply himself with a record book, which can be any appropriate blank book.

Special Notice

All records, record books, blanks, etc., must be kept for two years and subject to ready accessibility to all duly authorized internal revenue, state and municipal officers.

Unless you have registered and paid the special tax, it is unlawful to have in your possession any of the drugs designated by this law.

Coca

The only preparation on our list is specific-medicine coca. We make no preparations of cocaine or its derivatives.

The following pharmaceutical preparations, more or less employed by physicians, are subject to the Harrison narcotic law:

Opium

Diaphoretic Powder, Am. Disp.
Sudorific Tincture, Am. Disp.
Syrup Dover's Powder, N. F.
Powdered Extract of Opium, Aqueous, U. S. P.
Dover's Powder, U. S. P.

Deodorized Tincture of Opium, U. S. P.
Tincture of Opium, Laudanum, U. S. P.
Tincture Ipecac and Opium, U. S. P.

All the above named preparations come within the provisions of the Harrison Narcotic Law.

The following preparations of opium may be ignored, either because they are for external use only, or because they contain less than 2 grains of opium, ¼ grain of morphine or 1 grain of codeine, to the fluid or avoirdupois ounce:

Brown mixture, U. S. P.
Paregoric, U. S. P.
Mild zinc ointment, Am. Disp. (for external use only).
Ophthalmic balsam, Am. Disp. (for external use only).

Physicians having in stock any of the above (or other) preparations containing more than 2 grains of opium or ¼ grain morphine, or 1 grain codeine to the fluid or avoirdupois ounce, must, on March 1, make an inventory of all such preparations, which must be certified to before a notary public not later than March 5. This inventory must be kept on file, subject to inspection at any time by the proper government officers. In ordering future stocks, every physician must use official order forms, obtainable from the internal revenue office.

CANCER OF THE BREAST IN WOMEN

So many women perish from cancer of the breast—7,000 annually in the United States, according to the estimate of the American Society for the Control of Cancer (J. A. M. A.)—who could have been saved if they had attended to themselves in time, that it is important to call attention to its symptoms in the initial stage.

What are the signs which should take any woman who discovers them at once to her family physician or to the nearest good surgeon or large hospital?

Any lump or unnatural hardness in any part of the breast or in the armpit, or any reddish or brownish discharge from the nipple with or without soreness should receive instant attention and should be brought to the notice of the family doctor or a competent surgeon. And especially is the painless lump to be feared, for the breast cancer in its earlier stages does not compel notice by painful sensations. Cancer of the breast is not at first accompanied by any noticeable change in the size or shape of the breast, or in the consistency of the remainder of it. The disease sometimes shows itself as a hardening or shrinking of the breast with indrawing of the

nipple. In such cases the pores of the skin over the location of the disease later become very pronounced, so that the appearance is much like that of pigskin. But in the beginning there is no change noticeable except the lump or hardness. If a woman discovers this sign she should go at once to a physician in whom she can have perfect confidence. He will determine the necessity for further counsel. The patient should not handle or irritate the affected part, but should do exactly as the doctor advises.

Cancer of the breast will be permanently cured if it is extirpated before it has spread beyond the place where it began. It becomes constitutional if neglected. Any woman may be attacked by cancer of the breast. A mother nursing her child is not immune. Pain comes late, but it does not mean that the case is hopeless. "In the early treatment of cancer lies the hope of cure."

And the same applies to cancer of the womb. Too many women neglect slight or even profuse hemorrhages from the womb, thinking they are due to change of life, until too late, when a timely visit to a competent physician might have saved them. Undue anxiety is bad, but neglect of valuable time is also bad. And it is always best to be on the safe side, and make sure.—Editor Critic and Guide.

A FATAL CASE OF VERONAL POISONING

Dr. Edward W. Lazell, Denver, Colo.

Most of us who habitually use the coal tar and other synthetic preparations forget that they are deadly poisons. For familiarity breeds contempt and that contempt is the courier of death. There is still much to be learned about the use of these new drugs, as the following case will prove.

Veronal is a habit producing drug. Aside from this danger the drug is a dangerous one except when taken under the direction of the physician and then properly directed. This appears to be due to the facts (1) that except in hot water or milk it is very insoluble and the patient having taken one dose in the tablet form and not having obtained relief from the nervousness and insomnia is likely to repeat the dose. Indeed many such doses in the tablet form may be taken and no immediate effect obtained at all. For some reason as yet unknown, solution or absorption of the whole amount then occurs, so that the symptoms are usually not seen until the next day when the patient becomes drowsy or unable to attend the accustomed duties or routine of life. Eighteen or twenty-

four hours may elapse before any symptoms are observed. The second factor is that it seems to have an accumulative effect, so that the patient may be overcome after having taken small doses for some time and not ever having taken a single large dose. McBride reports a case that slept almost continuously for a week and nearly died.

The nineteenth edition of the dispansatory states that but little is known of the general physiological action. While some observers have noted but few after effects others have seen malaise, headache, giddiness and disturbances of speech.

The patient was examined on August 10, 1914, by Dr. Carmody, to determine if the mental symptoms of irritability, nervousness, etc., were due to cerebral abscess, because the patient had had a discharging ear for many years. No evidence of an abscess, such as hemianopsia, aphasia, optic neuritis, etc., were found. There was a slight weakness of the internal rectus of the right eye, evidently due to local conditions in the eye, and the nerve heads were pale. It was quite evident from this examination that the patient was suffering from a defense neurosis, one of the Freudian mechanisms. This conclusion was reached from symptoms not noted here. The Freud psychanalysis was advised.

The subsequent history of the patient, as learned from various sources after this examination, showed a gradual development of drowsiness during the daytime, so that she would often sleep most of the day, disturbances of speech, a reeling or staggering gait, with great physical and mental irritability. The gait was ascribed by her family physician to her ear trouble, it being thought that she had some disturbance of the semi-circular canals or a latent brain abscess, in spite of the fact that the writer had excluded abscess. On Saturday, October 24th, the patient remained in bed most of the day and did not eat till evening, when a hearty meal was taken. The gait was greatly disturbed. It was known that she had been taking aspirin for some time, but it was not known that she was taking anything else. The fact that she once irrelevantly remarked that she was not taking any drug made me suspect that she was. That evening she remarked that she would be all right the next day. During the night she went to the bath room and on returning fell on the floor and had to be assisted to bed. She had frequently fallen in this way. The next morning she could not be awakened. This had happened on previous occasions and had been attributed to hysteria, so that no great alarm was felt until later in the morning. The occasions referred to had been preceded by emo-

tional causes. She was seen by the writer at 12:30 p. m. on Sunday at St. Luke's hospital.

Examination showed that she was profoundly unconscious and could be aroused but slightly. Supra-orbital pressure and other means failed to awaken response. The reflexes of the eye were present, as were the plantars, but most of the other reflexes were lost. She drew up her leg on taking the Babinsky, and once or twice said "yes" in answer to a question. No organic signs in the nervous system were found. There was slight external strabismus and paleness of the nerve heads as previously noted. The skin was dusky, pulse 80, respiration normal, blood pressure 110, heart and chest normal.

The diagnosis required some study. On account of the previous ear trouble and the known hysterical symptoms three possibilities were entertained—latent abscess of the brain, hysterical tranee and a toxaemia. The first two possibilities were soon disposed of and it remained only to determine the form of toxaemia. A catheterized specimen of the urine was negative to albumin, sugar and casts. In view of the absence of the physical signs of uraemia, on which the diagnosis of uraemia should always be made and never on the urine, uraemia was excluded, and a tentative diagnosis of poisoning by choral or one of the allied compounds was made. The temperature was 97.8 by rectum. A thorough search of the room disclosed a small box from which the label was scratched, and finally a small tablet in one of her shoes. This tablet had three lines crossing the middle stamped on it and was identified as a veronal tablet.

In spite of the well known hopelessness of such cases, active treatment was begun. Gastric lavage showed the stomach empty. The emetics failed on account of the cerebral condition. Strychnine, atropin, injections of black coffee, external heat and frequent catheterization were instituted. Alarming symptoms appeared during the evening. Cyanosis became extreme so that artificial respiration and oxygen had to be used. Digitalis was later added to assist the increasing difficulty in the cardiac muscle. At midnight a catheterized specimen showed no albumin, sugar or acetone. The patient was bled about half a pint, but in spite of all treatment there was a steady increase in pulse rate, blood pressure to 125 m, respiratory rate, cyanosis and prostration. The temperature by rectum reached 100.5. The foot of the bed was raised and for several hours before death there was an almost steady stream of fluid from the lungs so that almost a pint was recovered in an hour as estimated. The symptom is apparently due

to the drug and not to dilitation of the right heart. Death oeeurred at 5 o'elock in the morning. The stomaeh eontents, together with a speeimen of the urine obtained at 3 p. m., was taken to Dr. Hill, who found no veronal in the stomaeh eontents, but a high percentage in the urine. The urine obtained late in the ease was not darker than that obtained earlier.

This brings us to the diseussion of some of the features of these eases. The action of the drug is unknown, but the poisonous effeets are believed to be due to the formation of methaemoglobin. There is frequently haemato porphyrinuria, espeeially when sulphonal is taken. Death is usually due to respiratory failure. The orthopnoea in this ease was more or less periodie and seemed to be inereased after the inhalation of oxygen for the eyanosis and dyspnoea. Intra-venous injection of sodium earbonate and sodium eitrate was considered but not eoneurred in by the other eonsultant. The writer also feared overloading the right heart on aeeount of the great venous stasis and terrific pulmonary oedema. It was intended to repeat the veneseetion, if any good results followed the first, with the idea of administering these latter drugs intravenously. But no good results followed. It is believed that with methaemoglobinaemia the blood has lost the oxygen earrying capacity. Oxygen certainly relieved the eyanosis, but even with its prolonged use the same result eventually follows and in this ease the orthopnoea was inereased.

From the observation of this ease and from later speculation the writer has two hypotheses to advance, for purely speculative purposes. (1) That the condition is an acidosis, in whieh ease intra-venous injection of sodium earbonate and especially sodium eitrate should be of service, and (2) that the formation of met-haemoglobin by eausing a poverty of oxygen in the tissues has prevented the normal formation of earbon-dioxide, and that respiratory failure results from the laek of carbon-dioxide, the normal respiratory stimulant from reaching the medulla. The rapid respiration is also a causative factor by exeessive elimination of CO2. Possibly both conditions are present at the same time. It ean hardly be conceded that death is due to respiratory failure from the direct influenee of the drug on the medulla, sinee it would be a peeuliar depression indeed that would require 18 hours to consummate. It is really only after considerable change in the blood itself has taken plaee that respiration is disturbed. Again depression of the respiratory eenter does not oecur to any degree on the administration of the first dose of veronal when properly dissolved and rapidly absorbed. Many other

facts indicate that the direct action of the drug itself is not the causative factor, but that the condition which developes in the blood is the real source of danger. The latter hypothesis advanced by the writer seems preposterous enough on first thought, but many points in its favor will be found on closer examination of the subject. It has been the source of much speculation by the writer in connection with pneumonia, opium poisoning and uraemia, as well as polycythaemia and Reynaud's disease. The consideration of this subject includes that of acapnia and shock.—Denver Medical Times.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Alderman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., president; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, secretary.

THE NATIONAL TRIP TO SAN FRANCISCO

Cincinnati, January 26, 1915.

For the advance information of delegates and members of the Association, their families and friends, who will attend the convention at San Francisco during June, the following route has been selected by the Transportation Committee for the official train to the convention:

Pennsylvania Lines to Chicago,
C., B. & Q. Railroad to Denver,
D. & R. G. Railroad to Salt Lake City,
Western Pacific Line to San Francisco,

and the following schedule has been endorsed:

Lv. Chicago	9:40 a. m.,	June 8
Ar. Denver	1:00 p. m.,	June 9
Lv. Denver between 8:00 p. m. and midnight		June 9
Ar. Colorado Springs	4:00 a. m.,	June 10
Lv. Colorado Springs	4:00 p. m.,	June 11

Ar. Glenwood Springs.....3:30 p. m., June 11
Lv. Glenwood Springs.....6:30 p. m., June 11
Ar. Salt Lake City.....8:30 a. m., June 12
Lv. Salt Lake City.....2:30 p. m., June 12
Ar. San Francisco.....7:00 p. m., June 13

Stops are made at Denver, Colorado Springs, Glenwood Springs and Salt Lake City for sightseeing.

The following round-trip fares will apply from points enumerated:

	RAILROAD FARE	PULLMAN FARE
Boston	$104.20	$21.50
Cincinnati	70.25	18.00
New York	98.80	21.00
Pittsburgh	81.25	18.50
Nashville, Tenn.	63.50	18.50
Columbus	74.18	18.00
Cleveland	76.20	18.00
Kansas City	50.00	14.50
Philadelphia	95.20	20.50
Indianapolis	67.10	18.00
St. Louis	57.50	16.50
Chicago	62.50	16.50

Pullman sleepers will, of course, be occupied for the entire trip. Full details in the Quarterly and in the pamphlet which will be mailed all members in April.

JOHN K. SCUDDER, M. D.,
Chairman Transportation Committee,
630 West Sixth Street, Cincinnati, Ohio.

COLLEGE NOTES

Herbert T. Cox, M. D.

The first semester has closed and the second semester is now on in full swing. This causes some readjustment of the schedule, in order to make room for some of the second semester subjects and laboratory subjects. February twenty-second was observed as a holiday, and is the last breathing spell the boys will have until the Summer vacation arrives.

Prof. Q. A. R. Holton has begun his lectures in dietetics for this term, and it seems like old times to see him around the college again.

Prof. P. M. Welbourn has completed her laboratory course in Bacteriology, and the remainder of the year will be devoted to lectures and quizes.

The freshmen will be busy people for the remainder of the

year with six hours per week in Dissection, eight or nine hours per week in Histology, and seven per week in Chemistry.

Prof. Chas. Holton, Esq., has begun his lectures upon Medical Jurisprudence. This is Mr. Holton's first year with us, having taken the place vacated by the resignation of Judge E. R. Munk, who lectured upon the subject for several years. Prof. Holton is giving an exceptionally fine course, it is said.

Not long since a cat was sick at Prof. Garland's residence, and a veterinary's services were needed. The Prof. had gone out of the house to assist the veterinary, the cat during the treatment making considerable noise. The Professor's little nephew hearing the noise went to his mother and asked what was the matter. Was told that the cat was sick and had to be operated upon. The little fellow knowing that his Uncle lectured upon something called Obstetrics at the College, immediately replied, "Well, if they call that Obstetrics I don't want any of it."

Mr. Slanker is official rat killer at the College. He was fixing a large trap in the dissecting room when we happened around and said: that when he caught the one he was after and a few more he would have twenty-seven rats in the trap for Histology specimens out of her. He should have let the cat eat a rat, and then both could be sliced at once.

Dan Cupid has been quite busy of late piercing the cold hearts of the medical ranks. He has succeeded in capturing J. T. Hill one of our Sophomores and Prof. G. W. Groth. Watch where the arrow strikes next.

NEWS ITEMS

Dr. Henry G. Pyle has moved from Los Angeles to Long Beach where he has opened an office at 211 East Ocean Avenue.

Dr. J. A. Born has changed his address from 2301 Broadway to E. 606 Indiana Ave., Spokane, Wash.

Dr. A. N. Smith, Berwyn, Ill., suffered a great loss recently when his home burned and his medical library was damaged by water.

Dr. F. A. Starbrick has removed from Dallas, Texas, to Lott, Texas.

The physicians of Southern California are making plans to attend the national meeting in San Francisco in June. The reports of the Fair are most alluring. Everyone should see it and also see the San Diego Exposition.

The California Eclectic Medical Journal

Vol. VIII. MARCH, 1915 No. 3

Original Contributions

PYORRHEA DENTALIS—ALVEOLARIS RIGG'S DISEASE

Dr. O. C. Welbourn, Los Angeles, Calif.

Recently I have been called upon to operate upon some severe and complicated cases of this disease and thus have become interested in a subject which usually is considered to be quite within the province of our dental colleagues. I find that a great deal of research work has been done by various members of the dental and medical professions and that these men are agreed that it is caused, primarily, by a protozoa which has been designated as **endameba buccalis** or **entameba buccalis**. It seems probable that these endamebae are universally distributed and that they may be found in a perfectly healthy mouth, from time to time. However, it is quite improbable that they can attack a healthy gum. A trauma of some sort is first necessary. This condition is usually caused by harsh particles of food, the too vigorous use of a tooth pick, or ill-fitting crowns. The disease is found as an ulcer which is so placed that it is not readily washed by the saliva and detritus accumulates upon its surface. After infection has taken place there is a tendency for the ulcer to form a sort of pocket from which there is a more or less continuous discharge of pus. In such cases a gentle scraping of the bottom of the cavity will dislodge numerous protozoa which with proper technic can be demonstrated under the microscope. In the beginning the disease is limited to the margin of the gum, gradually detaching the same from the root of the tooth in part of its circumference with the molecular destruction of both gum and tooth and the formation of a cavity. At this stage it may be designated as pyorrhoea dentalis. Later the alveolar process becomes involved, the bone is destroyed in part and the tooth is left standing on the tip of its root with little if any lateral

support. Being loose and painful the patient pulls it out with his fingers to save further annoyance. Such a condition may be designated as pyorrhoea alveolaris. In this stage it is a source of great discomfort to the patient and the constant loss of blood, absorption of septic material and inability to properly masticate the food seriously undermines the general health. Until quite recently the treatment of this disease has been very unsatisfactory. All of the known germicides and antiseptics have been used locally with indifferent results. However, with the recognition that the protozoa, endameba buccalis, is the causative factor the relationship with ameba dysenteriae is established and ipecac is at once suggested as a possible remedy. Experimentation along this line has demonstrated that ipecac in the extreme dilution of 1 to 200,000 is an active endamebacide and may be so employed as an efficient dentifrice. However the fact that the endamebae, except in the initial stages, are hidden in the bottom of a cavity is a formidable handicap to this method of application. Dentists overcome this difficulty, in a measure, by injecting the fluid directly into the cavity and the percentage of their cures is thereby greatly increased. However it is tedious, painful and expensive, and therefore impossible of general use. Recognizing that ipecac had been demonstrated as an efficient endamebacide many workers have been endeavoring to prepare it in such form that it could be taken by mouth in sufficiently large quantities to be effective after absorption into the blood. With the knowledge before them that ipecac is an active emetic this would seem to be a hopeless task. However it has been accomplished at last, and it should be a source of no little gratification to Eclectics that it has been done by a man within our own ranks; and that proper acknowledgement already has been made.

The following extract from the Journal of the American Medical Association, February 13, 1915, is made from an article written by Profs. Bass and Johns of Tulane College of Medicine; and therein is set forth clearly and fully instructions for the use of this new preparation of an old drug.

"During the past two months we have experimented extensively with a preparation of the alkaloids of ipecac that can be taken by mouth without producing nausea, and we are now prepared to announce that, in most instances, at least, it is as efficient in proper doses as emetin given hypodermically. This will make treatment available and practical for a great many more people who have the disease.

"The preparation known as Lloyd's reagent, discovered

by J. U. Lloyd, has the property of removing all the alkaloids from neutral or acid aqueous solutions of a drug by absorption. When thus combined with the reagent, which is hydrous aluminum silicate, the alkaloid is promptly set free in alkaline solution. It is not liberated in the acid gastric juice, but is set free and absorbed when it reaches the alkaline intestinal juices. The only commercial preparation of the alkaloids of ipecac made in this way that we know of is supplied by Eli Lilly & Co. in the form of tablets, each representing 10 grains of powdered ipecac and called Alcresta Ipecac. We have tried one tablet three times a day, two tablets three times a day, and three tablets three times a day. One tablet three times a day does not destroy the endamebas in the mouth in many cases in a week or ten days. Two tablets three times a day destroys all demonstrable endamebas in six days or less in practically all cases. This represents only about ⅔ grain of emetin, and when we consider that it requires considerably larger doses of most alkaloids administered by mouth to produce the same effect as smaller doses administered hypodermically, we could hardly expect smaller doses than this to be successful. Three tablets three times a day destroy all demonstrable endamebas in from four to six days. One patient still had endamebas in one pocket after the fourth day, but this is one instance in which emetin given hypodermically also failed. We have been unable to discover the cause. They disappeared from other lesions, and there was apparent improvement in this lesion, but the endamebas persisted in spite of two courses of emetin and one course of the Alcresta Ipecac tablets.

"This form of ipecac does not cause nausea, but there is frequently more or less abdominal discomfort produced by it and also some looseness of the bowels. These symptoms have not been sufficient in any of our cases to make the treatment impractical. We should expect, however, to find an individual occasionally who could not take it satisfactorily, and also those who would not absorb enough of the drug to destroy their endamebas on account of the diarrhea produced, carrying it through the intestinal canal too rapidly."

ALCRESTA IPECAC *

John Uri Lloyd, Pharm. M.

This compound, through the researches of Drs. Bass and Johns (Amer. Med. Jrl., Feb. 1915) has sprung into conspicuity second to no other medicament introduced during the past

* I am writing this paper without access to my laboratory notes. Oversights will naturally occur.

several decades. The writer (who discovered the Alcresta compounds), at the request of Dr. O. C. Welbourn whose article on the uses of Alcresta Ipecac preeedes this contribution, aims herewith to record briefly the history of Alcresta Ipecac together with a brief description of the compound. Alcresta Ipecac is a colloidal product of the natural Alkaloidal texture of Ipecac, with the newly discovered Alkaloidal reagent, Hydrous, Alumina Silicate, now known as Lloyd's Reagent. It is practically tasteless, is insoluble in water and dilute acids, but is dissociated by alkalies. On this quality depends its therapeutic advantage and opportunity. The juices of the stomach are acid in reaction. The bowel secretions are alkaline. Consequently, Alceresta Ipecac passes unchanged through the stomach and on reaching the intestines is dissociated, the alkaloids being liberated in nascent colloidal form in the location of the absorbtion of digestive products. It is not for me to disport on this feature of the phenomena, that being the field of the therapist. That the colloidal action of the natural Ipecac Alkaloids is most pronounced is shown by the fact that one case of Pyorrhoea or "Rigg's Disease," known to the writer as of more than thirty-five years standing. was quickly and completely cured by an amount of Alceresta Ipecac tablets (Lilly) carrying less than one-half grain of natural alkaloid. In considering Alcresta Ipecac the historical is of interest and may be briefly described as follows: My work in plant pharmacy and in the study of proximate principles including alkaloids, has extended over many decades. Some years ago I became convinced that the so-called inorganic side of plant life was of much greater importance in functional plant activity than is generally conceded. My first public expression in this direction was where about 1885 I made a study of the inorganics of Hydrastis canadensis in connection with its alkaloidal structure, at which date professor H. T. Norton, uniting with me, made a study of the calcium combinations of Hydrastine, publishing same. From that date to the present I have aimed to consider this field as of great importanee and have published many references thereto, but have as yet made no presentation in systematie detail. When, about 1910. I struck upon the (to me) remarkable adhesive qualities that exist between Hydrous Alumina Silieate and the alkaloids I became so concerned in the study that I could scarcely take time to attend to my other duties. Whilst thus absorbed, Professor M. I. Wilbert of Washington visited me and after witnessing the phenomena encouraged me by his interest therein. Dr. Sigmond Woldbott had previously been made acquainted with the strange reac-

tion (published a paper Amer, Chem. Soc., 1913) and close following came the interest of other chemists, including Dr. Gordin of Chicago, whose contribution to the Amer. Pharm. Assoc. at the Nashville meeting (to which I sent specimens) at once became of National importance. As yet I have published but little and these incomplete notes are written from memory. In the physilogical direction came to me deep disappointment. I theoretically believed that I had discovered a universal alkaloidal antidote. But to my disappointment, Professor Felter found (December, 1911) that Alcresta Strychnine was not less active than pure strychnine, but that it must reach the bowels to be effective. Dr. Fantus (August, 1913) and Dr. Hugh McGuigan (Nov., 1914) obtained the same toxic result.

During all this time, I had been experimenting on both a small and a large scale with the "Alcresta Compounds." I made Alcresta Ipecac, Alcresta Emetine, Alcresta Cephaeline and an Alcresta compound of an Ipecac Alkaloid as yet unreported. This was the beginning of Alcresta Ipecac.

The importance of this discovery in a commercial direction led to some embarrassment. If I turned my attention in that direction, I felt sure my opportunity of continuing my plant investigations would be lost forever. A man approaching seventy, needs make sacrifices of time taken if unfinished problems lie before him. Consequently, I turned the commercial and the manufacture of all the Alcresta Compounds over to the house of Eli Lilly & Co., who are already in a position to not only prepare the tablets and alkaloids on a large scale, but to distribute them to the world. Indeed, their established plant for this purpose is so complete as to lead me to feel that my friends will agree that I made no mistake and that it is better that I should be relieved of a degree of care that would forever prevent me from completing certain studies in plant textures that are as yet in process and that I hope, when announced, will be useful to humanity.

SUMMARY

I can therefore summarize as follows: The discovery of the colloidal compounds of Hydrous Alumina Silicate and the Alkoloids, was made by me about 1910.

Their introduction (confidential) to a few of my friends interested in Chemistry was made about 1911-12. The Physiological activity of the Alkaloidal Compounds was established 1811 to 1814. The energetic activity of Alcresta Ipecac as a remedy for Pyorrhoea was discovered and established by Drs. Bass and Johns the latter part of 1914 and announced in the

Journal of the American Medical Association, February 13, 1915. The sole manufacturer of the Aleresta Compounds and Alkaloids of which Aleresta Ipecac Tablets is the first introduced to professional use is Eli Lilly & Co., Indianapolis, Indiana.

UMBILICAL HEMORRHAGE

Herbert T. Cox, M. D., Los Angeles

Read before the Los Angeles County Eclectic Medical Society

For the average practitioner this condition is not of frequent occurrence, therefor not as frequently written about or discussed as some other less serious conditions. The mortality which attends this condition is said to be alarming. Probably it was of much more frequent occurrence in times past before the advent of asepsis and the perfection of technic for the care of the cord; when the cord was tied with a piece of wrapping twine, cut with the family shears and wrapped in greased paper.

The etiology may be: Improper tying of the cord, or sepsis which are due to carelessness on the part of the obstetrician or nurse. Or occasionally due to syphilis, hemophilia or acute fatty degeneration of the viscera. Here a constant oozing may be noticed even before the cord drops away. If due to sepsis more or less omphalitis is present, causing the infant to be fretful and thus favoring the tendency to hemorrhage.

Occasionally trauma or premature separation of the stumps may be responsible for the hemorrhage.

As to treatment, the first thing should be preventative in the physician's own cases where possible. The cord should be carefully tied tightly in two separate places, using sterilized silk umbilical tape or aluminum bands. This will obviate the danger of any leakage from the vessels and prevent the passage of infection into the umbilicus through them, should the end of the stump become infected. To prevent the development of infection the cord after being tied should be washed, together with the umbilical region with lysol or other equally efficient antiseptic solution, dried, the cut end of the stump covered with boric acid powder, and a few layers of sterile gauze tied over it. Then abundantly dust the exposed portion of the cord and umbilical region with the same powder. Wrap cotton or gauze over the mass and apply a snug binder. Instruct the nurse to apply fresh powder every morning and under no circumstances to moisten the parts unless they be-

come contaminated with urine, when they should be washed with lysol or boric solution and thoroughly dried before re-dusting with powder.

Whenever hemorrhage is to be dealt with, the common hemostatics and simple means of controlling hemorrhage should be patiently tried first, but in severe cases may prove astonishingly inefficient. Iron-alum or stypticin or Monsel's solution may be applied and firm pressure made with a conical piece of cotton which may also be dipped in styptic-collodion. If this fails, touching the umbilicus with a tampon dipped from boiling water or making pressure with a finger with a piece of ice beneath it, covered by a thin piece of gauze may be tried. Adrenalin chloride solution may also be tried locally or the plain household vinegar may be used to saturate a cotton compress. Styptics applied and then the umbilical depression filled with fresh dough or Plaster of Paris and held in place with a tight binder or adhesive strip is said sometimes to control the bleeding.

If these measures fail more radical measures are to be used. The actual cautery may be tried if there be any tissue projecting, or with a fine needle and suture it may be possible to draw enough tissue together to close the bleeder. If there be nothing but the umbilical depression with the bleeding hole at the bottom, it may be possible with a fine curved needle and small suture to stitch around the inside margin of the cicatrix purse string fashion, or from side to side after the Lembert method and invert enough tissue to compress the bleeding opening.

As a final resort deep suture with a curved needle may be taken or long, steel glass-headed pins passed through the abdomen, one above the umbilicus to catch the left umbilical vein and one below to catch the two hypogastric arteries. It is to be remembered that the left umbilical vein is now in the median line or a little to the right side.

If umbilical granulations form a tumor mass which bleeds, and if the base is broad, they may be touched with a solid stick of silver nitrate or other caustic, or if pedunculated a ligature may be tied around the mass and treated antiseptically. Simple exuberant granulations may be curcted away and an astringent antiseptic powder dusted over the area.

Internal treatment may be needed to lessen the danger of further hemorrhage; calcium chlorid, calcium lactate or lactophosphate may be given. Hydrastinine, 1-64 gr. doses or atropine, 1-500 gr. doses may be used.

The prognosis in the severer cases, of course is grave on account of the cause, and the chances of omphalitis occurring and resulting in peritonitis.

PUBLIC WELFARE

Dr. George B. Abbott, Los Angeles

Among the ordinances stored away in the city hall in Los Angeles, there is an Ordinance No. 30619, August 13th, 1914, Section 25, from which we extract the following:

"The Health Commissioner shall take such measures as he shall deem necessary to prevent the spread of smallpox, and the Health Commissioner is hereby authorized to issue an order or orders, at such time or times as he shall deem necessary, requiring all persons in the city to be vaccinated within such time as shall be prescribed in such order or orders. It shall be the duty of the Health Commissioner to provide for the vaccination, at the expense of the city, of such persons as are unable to pay for the same. It shall be unlawful for any person to fail, refuse, or neglect to be vaccinated as required by this section within the time prescribed in such order or orders."

Vital-statistics—Calendar year 1914, show report of only 32 cases of smallpox, with no deaths, in the city of Los Angeles, therefore, it hardly seems possible that we can have "necessity" for such an ordinance. The Health Commissioner is "one man," and while he is a good man in every respect—his judgment is subject to influence—and if he be of the "Medical Trust" school, necessarily vaccination is the first thing that will be "deemed necessary" should a few cases of smallpox or even chicken-pox occur.

Every man, woman and child in Los Angeles may forcibly have poisonous animal filth pumped into their blood, should epidemics be declared by the Health Commissioner, who is empowered to "order whatever is reasonable and necessary for the prevention and suppression of disease," and his decision as to what is reasonable and necessary is final. He will also assume to determine what constitutes an "epidemic." In Chicago the Health Officer decided that one case of smallpox constituted an epidemic. Of course he was plainly wrong, but it required a decision of the Supreme Court of the State to stop the vaccination order issued on the strength of the health officer's opinion. California is said to have a law against compulsory vaccination, but the Appellate Court of the State of California has handed down a decision upholding the stand taken by the University of California authorities that every student registered at that institution must submit to vaccination. To offset the balance of the law, cites pass ordinances like the one referred to above to regulate local conditions. Not many months since, the authorities of Oakland, Cal., were called

upon to help the "Trust Doctors" carry into effect a forceable vaccination of the passengers arriving on an overland train from the north, because the railroad conductor had been "exposed" and had afterward passed through the train.

"A news item in the daily press announces that medical inspectors representing the New York State health department will hereafter carry revolvers to enforce their authority. This is a pleasant indication of the growing influence of the peace movement. It also means that the common people are resisting the espionages and control of the medical authorities. If the "regulars" cannot convince the citizen that it would be healthy for him to submit quietly and peaceably to their regulations, they are evidently prepared to "shoot up the town." And there are those who would rather take a chance with the doctor's gun than with his vaccine virus.—Life.

Harry B. Bradford in "Health Culture," says: "Vaccination kills more than smallpox." It can be readily proved from death certificates and other data not published but now concealed by our Health Departments (all dominated and controlled by vaccinating doctors) that there are actually more deaths caused every year in New York from lockjaw and septicemia in Vaccination Wounds than from natural smallpox and particularly in children—even two or three times more in some years!

It is now generally admitted by intelligent, broad-minded medical men that vaccination not only does not prevent smallpox, but has tended to keep it alive—that were it not for vaccination, smallpox would be as rare today as the black plague. Vaccination does not prevent smallpox, on the other hand, it causes many deaths and ruins many for life.

No man is entitled to be called a good citizen who does not persistently raise his voice against public abuse, and give of his time, money and best endeavors to correct them. Abuses and wrongs unchecked grow and become a burdensome heritage to our children, who cannot but come to consider us either dishonest or cowardly. On February 2nd, 1915, the City Clerk advised over the telephone that to the best of his knowledge, Ordinance 30619 had not been repealed. The contemplated revision of our city charter can provide a remedy for mistakes in judgment in the execution of such ordinances if the charter provide a "City Health Board," comprised of one member from each and every school of medicine and two laymen, who shall pass upon situations "deemed necessary" for the health conditions of Los Angeles. Let the charter committee consider this matter.

THE HEART OF CHRISTIAN SCIENCE

Dr. Axel Emil Gibson, Los Angeles

1. The Technique of Its Cures

The cures of Christian Science have more to do with symptoms than with causes, with appearances than with facts. In place of accepting a disease as a physiological disorder—a thing to be corrected or exhausted from the body, Christian Science, by denying the **reality** of the disease, drives it back into the system from which it tries to escape. In other words, the process of a boil forced back into the blood from which it has been isolated, represents the method of Christian Science in effecting the cure of a disease by "denying" its existence.

This attitude of "denial" accompanied by the power of "faith," constitutes the mental lever by which the miracle of healing by Christian Science is performed. In place of being expressed and exhausted, the disease is repressed and covered. In place of casting out the devils by recognizing them, as did the Christian Healer of the Gospel, the Christian Science practitioners are casting in their devils by ignoring or denying their existence.

Hence Christian Science, in common with every current patent medicine, is a mere "symptom smotherer," which by removing the effect of a disease only deepens its cause. A disease cured by "denial" as a weed removed by lopping off its top, with the vitality of the latter transferred to its roots. In the very process of its disappearance is held the facts of its reappearance—with added power. The disappearance of a local distress, under the force of "denial," may accumulate its suppressed momentum into a later reappearance of the same disease, in the graver form of a constitutional break down. Furthermore the relief and apparent cure of the gastric disturbance following an act of gluttony, may later reappear in the intensified form of a gastric ulcer—which in its turn, if "cured" anew, may accumulate its suppressed energy into a gastric or uterine cancer.

By ignoring the laws of disease, Christian Science fails to comprehend the laws of life—and its "cures," so far from being of any benefit to humanity, merely gives rise to a confusion of ideas, sadly mixing up the true and the false, the real and the apparent, blinding the sufferer to the actual state of his condition, while building up a semblance of health on a basis of perverted and collapsible vitality.

2. The Cause of Its Popularity

On the other hand, the cause for its wonderful growth has

its explanation in the same principle which we find back of every movement where the sensational and emotional elements of life, be it in literature, philosophy or religion, are made to serve personal and egotistical motives. Christian Science has gained its poplarity by the ease and comfort by which its "cures" are materialized. It promises redemption without atonement—victory without conquest. By the magic of a formula, sins are turned into virtues, transgressions of nature's laws into immunity from retributions. Its effectiveness lies in a faith in the hypnotic power of **personal** will, rather than in a faith in the healing power of the **divine** will, which alone is ours through obedience to the laws of life and nature.

Hence it is the will of the practitioner, not the will of God, that constitutes the all-determining agency in the healing operations of Christian Science. With the force of an intellectual steam roller, his powerful trained personal will brush aside any scruple of moral resistance from the mind of the patient while installing his own preemptory demands. And just as physical nature for a longer or shorter time under the strain of artificial pressure can be coerced to step out of its routine course of evolutionary order—so by a corresponding process, the hypnotic compulsion of a trained will may succeed in restoring, temporarily, the broken wheels and levers of life, and thus introduce a semblance of health in the diseased organism.

Christian Science makes no allowance for the statement of St. Paul: "As ye sow, ye shall reap." Fields which yesterday were covered by the wild oats of ethical and hygienic sins, are today suddenly transformed into the golden harvest of physiological blessings. No renunciation of habit, sacrifice of indulgence, or conformity to dietic and hyigenic restraint are required as conditions for cures in this order of healers. It is a system of practice, where material health and success constitute the supreme end and motive of existence, and where in spite of all denials, the body with all its delusions and illusions, yet presents the means and basis for all their operations and devotions. Taken at its real assests, Christian Science is neither Christian nor a science, but a movement of crudest materialism, in which the good of their own personal and bodily welfare holds the highest claim, and the realization of this, their ganging and determining motives.

3. The Deeper Meaning of Disease

There are two angles from which disease and suffering can be observed and appreciated, either as a saving effort of nature to restore order, health and harmony to existence, or as a meaningless, accidental assault of a brutal law-and-order de-

fying destiny—a phantom of evil which at once is and is not. The first has its reason and support in Christian philosophy as taught by Jesus, the other in the theory and practice of Christian Science as formulated by its founders.

The whole scheme of salvation, headed and initiated by Christ, and propagated by the long procession of Christian martyrs, has its root, power and unfoldment in the very possibility of pain and suffering. Suffering is an ever-present accompainment to birth-giving, whether it be the birth of the soul or of the body; of an idea, an animal, a plant, or a human being. "If there were no suffering," says Von Hartman, "there would be no religion." It is the unavoidable consequence and concomitant in the process of giving and receiving—of the old giving place to the new. It is the truth back of the parable of the new wine—the transcendent life—in the old bottle—the impaired or used-up body. Suffering is the pruning of the orchard of the heart, the weeding out of the weeds of selfishness from our nature, or, in the words of St. Paul: "Suffering is a teacher unto Christ."

Evolution is staged and dramatized under the promptings of either exterior or interior coercion. The one prompts by promise, the other by fear;the one appeals to our personal ambition, moral, spiritual, ideal—the other by the lash of pain and suffering. The one is led by intuition, the other is driven by intellectual affirmation. In the order of evolution the latter condition, when understood and appreciated, not ignored or denied, will give way to the former; the scourge of the flesh will be supplanted by the wings of the soul.

For what purpose is the nervous system but to serve as a register for the changes generated and unfolded in our outer and inner nature in the course of our evolution? No unfoldment is possible without nervous action, and the latter is equivalent to either joy or pain, according to our power of response to the incoming of outgoing force currents. "We learn in suffering what we teach in song" and "Our sweetest songs are born from saddest thoughts" are sentiments handed down to us from the noblest and sweetest of our poets. It is not suffering that benumbs or paralyzes, but the attitude we take to it. Ignore suffering by denying its mission, and its lesson is lost. The "stepping stones of man's dead selves," if viewed from a Christian Science viewpoint, in place of "leading to higher things," will lead down toward regions of ignorance, superstition and brutal egotism.

And as suffering has been the keynote and unremitting condition of every high attainment, so resignation and loy-

alty to the law of life, and to the will of God, has been the cleansing and regenerating fire out of which the purified soul, like the Phoenix of old, triumphantly has been rising from the ashes of its lower nature. Homer, Michael Angelo and Milton were blind; Carlyle, dyspeptic; Pope, a hunchbacked lifelong invalid; Darwin, a sufferer from chronic "mal de mer," Herbert Spencer, a chronic neurasthenic, etc.; yet they all rose superior to their suffering, and singlehanded each one left a bequest of knowledge and culture to humanity, which will be remembered and enjoyed long after the tidal wave of Christian Science spent its last momentum in unreasoning, negative and non-constructive affirmations.

4. Suffering in the Light of Christian Ethics

The Christian Science movement stands for one of the greatest paradoxes in history. Notwithstanding its denial of matter, the entire force of its practice is brought to bear on the preservation and adoration of man's mortal coil. While the heroes of true Christianity used the body as an instrument in the service of the soul, the Christian Science employs every energy to coerce the latter by psychic juggling into a menial service of the body for the sake of "health, wealth and success." Thus the tables are entirely turned. In place of the body being the servant of the soul, the latter is degraded into a taskmaster for the gratification and adjustment of the desires and appetites of the body.

This attitude shows at once a lack of faith in the soul, and a lack of knowledge of the body, as the latter, like that of an animal, by its very nature and constitution is equipped with power to maintain its functional equilibrum. Consequently, if disease arises it can only be due to the fact that the physiological balance has been broken, which again means that only a re-establishment of this balance can restore the deranged functionings. If a spring is strained beyond its center of poise, its mere release from the restrictive influence will bring about a return to its natural position. So with the body, its release from limitations and obstructions; its rest from physical and mental strain; the removal of impediments in the discharge of its functions—be it along the line of diet, overwork or worry—will restore the balance of its disturbed health relations.

If a dog, by overfeeding gets its eliminative system clogged up, he takes recourse to the purgative properties found in a certain species of grass, while at the same time giving his system over to the benefit of a longer or shorter rest from food with its digestive labors. A couple of days of natural fast will serve to restore the animal to its natural health and strength.

In the majority of cases the same benefits would accrue to man. The physical body, be it of a dog or a man, is adequate to take care of itself, and if man submitted himself to the same practice of self-restraint and control as the dog, he would enjoy the same success of cure. Back to nature and to God! Back to the simple faith in life's eternal justice and regenerative power. If by indulgence of our senses we contract disease and suffering, it is only by restoring to nature her dues—in the redemption through self-restraint of our transgressions—that we can restore our peace with God and harmony with nature. And health means harmony with nature on all planes of existence.

It is amazing how little respect and homage we pay to the sacred powers in which life has its sources and destiny. While in national difficulties it would never occur to us to call on the minister of war or the president of the nation to spend his precious time patching up the damaged uniform of a soldier, the Christian Science practitioner does not hesitate to invoke the assistance of our immortal soul to repair bodily disrepancy, mostly brought about by ignoring hygienic and physiological laws. The remedy, however, lies in the very nature we outraged, in permitting our outraged functions a rest for the sake of repair and adjustment. Loyalty and obedience to the laws of life, with motives of usefulness and service, is the method of cure which God extends to man.

A calm and dignified consideration of life and its wider meaning will not fail to reveal the value of suffering and the uses of adversity.

"Sweet are the uses of adversity,
Which, like a toad, ugly and venomous,
Yet wears the golden jewel in its head."

"While recovering, I experienced two opposite feelings," writes Tolstoy to his friend, Alexis Bakonine, "The joy of a reviving animal, and regret for the loss, the dulling of that spiritual consciousness, which was present in time of sickness. I know truly that every illness I have had has been a great blessing. It has given me what my own reason and the opinion of others could not give me; it opened to me a larger field of life. The illness and suffering of men are wrought with the deepest meaning; they are not from their own will. God has paid a visit."

For, after all, the real aim and meaning of life is not conventional comfort and bodily ease and happiness. The latter are the mere means and conditions by which the soul works out its redemption, through usefulness of effort, unselfishness of motive and faithfulness of service. "Not what I have," said Thomas Carlyle, "but what I do, is my kingdom."

CHOREA

W. E. Postle, M.D., Shepard, Ohio

Chorea Minor; Sydenham's Chorea; St. Vitus Dance

This is the form of chorea most commonly met with by the general practitioner, and will alone be considered in this short paper. It is a disease of childhood, and most frequently encountered between the ages of five and fifteen. Girls suffer from it more frequently than boys in about the proportion of two to one. It is more frequent in the winter and spring, particularly in March and April, and less frequent in the fall months of October and November. Some writers maintain that it is most prevalent among children above the average in intelligence, particularly those who are mentally energetic, or predisposed to nervousness. It is probably true that a nervous temperament is essential as a basis for its development.

Heredity is undoubtedly the prime factor in its etiology. It is not neeessary that the parents be, or have ever been subject to the disorder, but a eareful inquiry will generally show that somewhere in the direet hereditary line there has been enough disorder of a nervous nature to make it entirely probable that the child might inherit a nervous temperament, or a predisposition to nervous disorders. Upon this basis of nervous predisposition such causes as anemia, overwork, worry or over-application to school studies, music lessons, or other tasks, the choreic disorder easily develops. Fright and fear are often given as causes; mental agitation of any character also favors its development. The peculiar antics and grimaces of the child attract the attention of its playmates, and call forth ridicule and teasing, which always aggravates the disorder.

The causes of ehorea may be divided into two classes, which may be termed elemental and developmental. The elemental causes are, first, a nervous temperament; and second, the germ of infeetion. It becomes more and more apparent that chorea is an infectious disease. The germ of infection has not, as yet, been isolated, nor indeed are we sure of its existence, but investigations and research have all tended to show that such is the nature of the real cause. The development causes are: Anemia, or a poor state of the general health, upon which is imposed over-work, over-study, worry, fright, fear, mental agitation, or other disturbing factors, which may distress the mind and disturb the nervous system.

The early symptoms of chorea are mild and often for weeks attract little or no attention from the parents or family. The

symptoms may be divided into two classes, mental and physical.

The mental symptoms are peevishness and irritability with mental dullness, or at least mental inaptitude for lessons or tasks. The child does not do well at school, is unable to get his lessons, is often accused of inattention and obstinacy, is frequently punished for failure in his classes, or at least scolded and thereby made more nervous and disturbed. At home the peevishness and perverseness of the child call for parental notice and correction. Not many weeks will elapse, however, until it becomes evident that the child is sick, and the physical symptoms becoming well-developed, the nature of the malady is recognized.

The physical symptoms are, at first, slight twitching of the face, lips or eyelids, a shrugging of the shoulders with slight jerky motion of the fingers or hands, a disposition to drop a pencil, knife or other instrument, unintentionally, a slight staggering or uncertainty of gait. These symptoms increase in a few days to the more exaggerated movements. There is pronounced uncertainty of gait, which becomes staggering and irregular, the squinting and grimacing of the facial muscles become fully developed, the muscles of the tongue are, at times, uncontrolled to such an extent that deglutition is difficult, or even impossible. Upon request for the patient to put out the tongue, it is protruded in a jerky, nervous manner and often quickly withdrawn and the teeth snapped together by the spasmodic action of the muscles. The shrugging of the shoulders, the jerking arhythmical motions of the hands and arms, purposeless and inco-ordinate muscular contractions, which are ordinarily beyond the control of the patient, characterize the well-developed state of the ordinary case of chorea.

A careful physical examination will show that there is a considerable loss of muscular tone or strength; the patient cannot grasp the hand firmly or maintain a strong pressure. While the muscles do not become shrunken, there is a distinct softening. The pulse becomes somewhat increased, and, in some cases, this symptom is quite pronounced. Auscultation will reveal heart murmurs. In the majority of cases these murmurs are hemic, though not a few patients will be found to be suffering from a mild endocarditis. Respiration is likely to be interfered with only to a mild extent. The kidneys are usually found deficient in action and the urine loaded with phosphates. Digestion and assimilation are disordered to a greater or less extent, as is evidenced by the poorly nourished condition of the child.

It seems quite evident that there is some analogy between chorea and acute rheumatism. Their action upon the heart is similar, and post-mortem examinations show that structural changes of the heart walls produced by chorea are similar to those produced by rheumatism. Many cases of chorea are found in rheumatic subjects, or attacks of chorea are followed by rheumatism.

While most of the patients suffering from chorea do not become sufficiently disabled to be put to bed, there is a respectable percentage in whom the physical symptoms will be so strongly pronounced that the patient must not only be kept in bed but be protected against injury, by mattresses or cushions, lest the restless tossing, twitching and jerking of the more exaggerated motions produce serious injury. Various skin eruptions, as herpes, various forms of purpura or erythema, are sometimes observed and make a very unpleasant complication of the disorder.

The treatment of chorea will be both medical and environmental. When we consider the mental condition of the child suffering from chorea, it becomes evident that association with rough or boisterous playmates, or with children who will tease and torment the child on account of the ludicrousness of its actions, can not be otherwise than harmful; then, too, if the child is encouraged or permitted to indulge in too much activity the physical symptoms are increased. The environment, then, must be that of quiet, with freedom from annoyance or mental worry of any kind; freedom from tasks or work or lessons of any description, with much restricted physical activity and with every opportunity for cultivating the quiet, contented condition of mind.

This environmental feature of the treatment I consider most important, as upon all diseases of childhood, the state of mental irritation or unrest produces a most profound effect, and as it has been shown that the state of mental worry, fear, overstudy or overwork has much to do with the development of the disorder, it is necessary that in order to effect a cure these conditions must be entirely changed; indeed, I believe that mild cases may sometimes be cured by this alone. It is not well, however, to trust to this means of treatment alone, lest we find that we have underestimated the seriousness of the attack and thus allow what might have been a mild case to become a serious one.

The medical treatment of chorea will resolve itself into the administration of remedies for the relief of general conditions of health and for the control of the nervous disturbance.

The disorders of digestion, as well as wrongs of a general character, will be met by the indicated remedies and be relieved as in other diseases. For the muscular twitchings and peculiar manifestations of physical disturbance, there are a few remedies that have been found especially useful, and their administration, if followed faithfully and persistently, will usually give most satisfactory results. Fowler's solution of arsenic in gradually increasing doses is probably more generally given in the treatment of chorea than any other single remedy. Some writers claim that it is almost a specific for the trouble, while others state that they find it only occasionally useful. I have found it useful in cases showing considerable anemia, with muscular debility and not much mental disturbance. Its effect should be carefully watched, since, if it produces no good results, it is likely to prove harmful.

Gelsemium is a valuable remedy and will give good results in cases showing considerable mental excitement with restlessness and with active physical symptoms.

Macrotys seems useful in nearly all cases. It seems to relieve that slight sense of soreness, of which many patients complain, and to diminish in some measure the muscular jerkings and contractions. Its real action is probably to relieve nerve irritation.

I have found conium useful in the treatment of such cases of chorea as are characterized by the activity of the physical symptoms. It seems to act as a direct sedative on the motor centers, and thus proves a valuable remedy for the motor disturbances.

Cannabis indica, hyoscyamus and passiflora are remedies of value in cases showing considerable of the mental disturbance. Cannabis indica is particularly applicable in cases of mental irritability and peevishness. Hyoscyamus and passiflora will be more useful for patients suffering from sleeplessness. Patients suffering from severe insomnia will be much relieved by moderate doses of veronal; this not only secures the patient a reasonable amount of sleep, but produces a generally beneficial effect upon the nervous state.

The duration of an attack of chorea is quite variable. Some cases will terminate in five or six weeks, but the general average of duration is probably ten weeks. The prognosis is nearly always good. The patient who has suffered from an attack of chorea is quite liable to suffer from a recurrence of the trouble inside of the year following the initial attack. This liability to recurrence diminishes with time. Girls who

have suffered from chorea in childhood are more likely to suffer from chorea of pregnancy in womanhood.

It may be said of the chorea of childhood, as well as of pregnancy, that with proper treatment and under proper conditions, the prognosis is nearly always good. Let the patient be isolated, at least from disturbing influences or from annoyances and worries; let all tasks and lessons be laid aside, and all scolding or faultfinding carefully avoided and the child be restricted only from too much physical activity, but allowed to employ its mind and time pleasantly and quietly; let such remedies as have been mentioned be given according to their proper indications and with due care for the general condition of the child. After a few weeks under such treatment there will come about a gradual subsidence of both mental and physical disturbances, and the child will enter upon a more or less prolonged period of convalescence. The physician should not lose sight of his patinet too soon. The child should be carefully watched and the parents be made to understand that complete recovery is slow, but that it is most important for the future well-being of the child that they persist in a good upbuilding treatment until its health is firmly established.

(N. E. M. A. Quarterly)

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PYORRHOEA CURED BY ALCRESTA IPECAC

Because of the heretofore acknowledged incurability of this disease the above title is somewhat startling. However, the facts which can be adduced in support of the allegation are in themselves startling, and a source of both surprise and exultation. The general prevalence of pyorrhoea gives the subject a widespread interest and to those who have the disease in an aggravated form the advent of a cure will be a God-send.

The technic of the treatment is simplicity itself, consisting largely in the administration of ipecac prepared in such a manner that the emetic factor is eliminated, followed by an efficient mouth hygiene. Believing the subject to be a live one the writer has prepared an article which, together with one prepared, upon his request, by Prof. Lloyd is printed elsewhere in this issue. The object being to present briefly the matters likely to be of interest to the reader.

WHO SHALL BE PERMITTED TO DISPENSE MEDICINES?

For the past decade we have witnessed unusual, and many times unnecessary, and sometimes ridiculous legislative

activity. Law-making bodies are beset by interests, classes and sects of all kinds, and laws are enacted with but little apparent investigation of the need or effect of such laws when applied to the people as a whole. Plain, intelligent and wholesome legislation, if we could secure it at all, is obtained by accident or much political jockeying.

It would seem that the height of the ridiculous has been reached when law-making bodies are finding it necessary to protect themselves against the pernicious influences of those seeking to secure special legislation, or to prevent laws being enacted which may be so construed as to be inimical to the welfare of some pet scheme. Thus, we have come into an era of wonderful legislative activity and at the same time we are developing an equal degree of outlawry, the latter being the outgrowth of the fact that few of the many bills enacted into laws are desirable or operative, and they stand as a burden to the already voluminous legal enactments, and they create an unhealthy disregard of legal authority, because they are either not enforced at all or are resorted to spasmodically, or are used to benefit or destroy some particular person, party or industry, as the case may be.

Of all the profligacy of law-making talent, none has been more apparent nor has any been more of the nature of class legislation than that seeking to govern the practice of medicine. Law abiding, honorable and honored physicians are encumbered by many laws, but the flagrant advertiser, the rank charlatan, the vociferous quacks with all the cults and sects, continue to hoodoo and gull the good people, taking their money, injuring their health, and yet no one of the saviors of the "dear people" dares even offer a bill to legislate them out of existence. They are fortified by the public press, in too many instances, and because of well-paid advertisements they are permitted to ply their questionable practices without let or hindrance.

Now comes the pharmaceutical and druggists' associations proposing to compel all practitioners of medicine "to acquaint their patients with the name and character of all medicines which the physician may personally administer or dispense, the physician being required to place this information in the patient's hands by prescription or otherwise." This statement, if a true representation of the basis of such proposed legislation, would seem of itself to explain the desire of the parties promulgating such a law. It requires no great stretch of one's imagination to see in this another attempt to ultimately compel all physicians to cease dispensing their

medicines. Just now we are witnessing one of the results of prescription writing, making patients acquainted with the name and character of the drugs they use. No more compelling evidence of the baneful results of such practice need be cited than the popular demand for laws to prohibit the sale of habit-forming drugs.

Our good friends, the druggists, would have the world believe that the disreputable physicians are responsible for all the torture and horror arising from the various drug habits, but are they, as a class, any more free from fault than the physicians they seek to coerce? The druggist excuses his counter prescribing by saying that the "layman prescribes for himself," and thus seeks to excuse his class from the evil result of indiscriminate sale of dope in the form of opiates, headache tablets, aspirin, cough remedies, popular prescriptions, etc. Might we presume to ask how the self-prescribing layman gets his knowledge of the drugs which he freely uses, many times to his detriment, and not the least of evils of such custom becomes a habitue? Does the druggist or pharmacist teach him, or is he an apt one at reading prescriptions or in asking for explanations of the "name and character" of the remedies prescribed?

Would our friends claim advantage of cheapness? Would it be easier for a man who is sick to pay two fees for his advice and remedy, by having a pharmacist share his dollar? Even if the cost be no greater, inconvenience would argue against such a proposal, and this is the very least argument against it.

Such men would hold up holy hands in horror if a specialist or a surgeon would make a charge sufficient to allow the general practitioner, the family physician, a slice of the fee. Yes, this would be daylight robbery, a system of holdup, but it would be all right for the same doctor to refer the patient to his special friend, the pharmacist, for all his medicines or tell him the "name and character" of the medicines so he could ask for the same without consulting the man whose knowledge and time produces the ability to properly direct the application of medicinal drugs. This would save the busy (?) doctor valuable time and the patient much inconvenience, and, since the medical profession is widely known for its general wealth, as well as for its willingness and readiness to be victimized by all who apply, it would, no doubt, work much advantage to the neglected druggist who is a specialist in pharmacy and a general dealer in every commodity from hardware to soft drinks.

It is sometimes claimed that physicians are not pharmacists. Trne, perhaps, in most instances. But if he knows, where and how to apply a medicine to the relief of a pathologiael condition, he might, perhaps, occasionally be trusted to dispense a simple prescription from his pocket or buggy case, or to leave a few powders, pills or tablets. Again, the element of danger from errors is argued as a reason why practicing physicians should not dispense but write prescriptions. Will someone rise and show us why and how a pharmacist is any less liable to human weakness, to error, than a careful and conscientious physician? Yes, but I hear someone say that **all** are not careful; **no, nor** are all pharmacists careful and, unfortunately, the pereentage of honesty has never been shown to reflect any great advantage to our friends who compound medicines.

We have never heard it charged that a physician would resort to "substitution" nor unlimited refilling of prescriptions. And the recently enacted Federal laws cares for all physicians, as well as pharmaeists and druggists, who abuse the privilege of prescribing all nareotic or habit-producing drugs. If a physician desires, he should be permitted to dispense; he at least should have this privilege. Should he wish to keep professional business to himself, why not, for he is forbidden by law to reveal "privilege knowledge," and prescriptions would necessarily, in some instances, reveal some such knowledge.—Wm. P. Best, M. D.

(N. E. M. A. Quarterly)

ETHICS

Ethies is defined as being the science or doctrine of the sources, principles, sanctions and ideals of human conduct and character, the science of the morally right, moral science.

My attention was called to the subject of ethics by reason of a full page advertisement of "Kellogg's Waxtite Package," appearing in the Minneapolis Morning Tribune of July 14, 1914. This advertisement is embellished with a picture of the Commissioner of the Department of Health, City of Minneapolis. This full page advertisement also contains the names of various officials who have endorsed this package. Many of them are M. D.'s in official position. Some of them in their official capacity pass judgment on the official conduct of the lesser lights in the profession, even exercising their power to the abrogation of our right to practice. They are president, commissioner and directors of Boards of Health and extend from California to New York and from the Dakotas to Texas.

We believe the "Code of Ethics" contain a section relating to the use of a physician's name as an endorsement of any proprietary or patented medicine or appliance; also one relating to the undue use of one's name in the public press. I can not say that I see any harm in these endorsements personally, but there is an old saw, "That what is sauce for the goose, is sauce for the gander." Then why is it unethical for the smaller fry to use the public press, and yet the "highbrows" are constantly keeping their names before the public. I daily read in the secular press some item referring to certain physicians' movements, or an interview by them regarding some movement, even when they undertake a journey to a neighboring city. Yet these men are posing as the mentor for the balance of the profession. Would it not be well for them to clean their own dooryards; scrutinize more carefully their own conduct before essaying to dictate the normal conduct of others? We have only one word for these self-righteous pharisees that is "Heal Thyself." I have been accused of being a cynic. I plead not guilty. Yet one almost becomes such, when he is brought into such close contact with the machinations, intrigues, inconsistencies and even fabrications of those posing as the mentor and ideals of the profession. Man is selfish and I have come to the conclusion that selfishness and greed is the preponderating force dominating or controlling the gang now dictating the policies of the profsssion.

—Mundy.

(N. E. M. A. Quarterly)

MANAGEMENT OF NORMAL LABOR

Janet D. Quinn, M. D., Newport, Ky.

After the birth of the child, the mother demands your attention at once. The child is well oiled, and covered up warm and placed to one side. Then give the mother a dose of ergot before the delivery of the placenta. Do not be in a hurry, unless you have danger signs of hemorrhage or syncope. After the delivery of the placenta, keep your hand over the uterus until you have a firm, hard ball under your hand. Then have the genitals cleansed, soiled linen removed, and examine

for lacerations. If the birth occurs at night, wait until daylight to examine and then repair. Very often lacerations will heal very readily, again your work may be in vain. Try to do your best.

The woman should have a cup of tea, then be allowed to rest for several hours, unless you find the uterus is relaxed; in that case apply the child at once to the breast to excite contractions of the uterus. Apply an abdominal bandage with a pad over the uterus; this gives support to the relaxed walls. Keep the woman on her back for at least four hours. Keep the vulva cleansed every four hours. The best pad is made of cotton, five by ten inches, placed between cheese cloth that has been washed in carbolized water; six dozen of the pads are cheaply made, and burned after use.

If there is much odor to the lochia, use a douche of hot water with either permanganate potassium, one grain to the douche; or bichloride, 1-1000, and if no antiseptics are handy use hot salt water. The urine should be voided six hours after birth. If it is not voided use the catheter.

When the milk begins to flow, use a binder to support the breasts. Do not let them get hard and swollen. If they should, massage with either cocoa butter or boiled linseed oil, which will keep the breasts soft and the milk will flow easy. They take the soreness and tenderness out of the breasts.

Often the milk flow is excessive; if so, use R chlorate pot. 5 j to glass of water. Drink of this mixture several times a day. The bowels should move by the second day, and daily thereafter. Usually after the third day, all symptoms adjust themselves and we have very little trouble.

The twelfth day after a normal labor, women are usually able to sit up an hour or two at a time and finally by the end of the second week will be able to assist in light household duties.

In serious labors, where there has been lacerations, and repair work has been done and the parts are healed, do not allow the patient out of bed for three weeks; and then let her gradually resume her duties. The diet should be light, but nutritious. Many little things come up with each case. Do your duty in all cases.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June 14-18, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 m. on the first Tuesday of each month. O. C. Welbourn, M. D., Los Angeles, Cal., president; K. E. Seeburger, M. D., Los Angeles.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The Los Angeles County Eclectic Medical Society held its regular monthly meeting, Tuesday, March 2nd, at the College Hall. The president, Dr. O. C. Welbourn called the meeting to order propmtly at 8 o'clock and asked for the reading of the minutes of the previous meeting, which stood approved.

Dr. Cox read a very interesting paper, which appears elsewhere in this issue, on the subject of "Umbilical Hemorrhage." It was punctuated here and there during its rendition by many a witty and original parenthetical expression. He very generously and honestly remarked that he, himself approved of and strongly inclined to the flour and water treatment that he made mention of and should have used it often no doubt, but like many another was limited, in not possessing "the dough." The entire paper bespoke an intimate and masterful comprehension as well as skillful presentation of the subject. Discussion from many an interesting standpoint followed its reading and drew forth from some of the older members in point of practice series of old time beliefs and practices, which here might quite apropos be alluded to as "stump speeches" on the care and dressing of stump. One deserving narration perhaps more than another, originating so far back in the dim distant path as to be linked with the witchcraftry of old Salem runs thus:

Have ye a case
Oh, mothers fair
That the stump be properly dressed.
Let not it iver
Point to the liver

Hasten such course to arrest.
For a case it bestirs
Of the yaller janders
When against that organ it's pressed.

Prof. Lloyd of Cincinnati, Ohio, the guest of honor of the evening in rising to answer the unanimous request that he address the assembled members, said in his genial and jovial manner that he intended only to say, "Hello and how do you do, how's the world using you." However, the perky ethereal waves of anticipation of listening to another of Prof. Lloyd's friendly chats emanated with such force and vigor from the expectant listeners, that he was mentally persuaded to extend his salutation into a most excellent address, bristling with witty good cheer in one phase in which he actually confessed to be a great admirer of Charley Chaplin in particular and the entire "movies" in general; and in yet another phase with sensible well given advise and a satisfactory and thorough interpretation of some of the questions of the present hour as affecting physicians; dwelling especially upon the Harrison Narcotic Law, explaining it was not designed nor intended to work a hardship by imposing added duties on the honorable physician carrying on a legitimate practice, but was designed as a kindly protection against the weaker brother and a means of bringing to justice scheming, unprincipled, avaricious individuals selling the narcotic drugs. As one of the commissioners of the Panama Exposition, he extended a hearty welcome to all visiting the exposition; requesting most earnestly that the Ohio Building be paid a call and assuring such callers of courteous treatment and kind attention by their receiving attendants.

Dr. John M. Cleaver volunteered to read a paper entitled "Electrical Therapy" at the following meeting.

The society adjourned to meet April 6th, at the usual time and place.

Dr. K. E. Seeburger, Sec'y & Treas., Dr. O. C. Welbourn, Pres.

PROGRAM SOUTHERN CALIFORNIA ECLECTIC MEDICAL ASSOCIATION

President's Address.....Dr. O. C. Darling
The County Society.....Dr. O. C. Welbourn
The State and National Societies.....Dr. H. Ford Scudder
State Board Affairs.....Dr. H. V. Brown
Our College.....Dean Munk
Our Journal.....Dr. Pina M. Welbourn

BANQUET 12:30 P. M. SHARP
The Delmonico

Hypodermic Lobelia.....Dr. A. P. Baird
Discussion led by Dr. Oran Newton
Interesting Eye Cases.....Dr. J. Fraser Barbrick
Discussion led by Dr. J. C. Solomon
The Actions of Phytolaeca.....Dr. H. T. Cox
Discussion led by Dr. L. A. Peree
Tubereulous Knee.....Dr. T. C. Young
Discussion led by Dr. O. C. Welbourn
California Climate.....Dr. J. A. Munk
Discussion led by Dr. B. E. Fullmer

MEMBERS OF ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Greeting: Through the Journal I wish to state that our State Society will convene at he same place and date of the National at The Auditorium Civic Center, San Francisco, Cal., June 14th to 18th, 1915. There will be no meeting in May of the State organization. Again there will be no section work in the name of our State Society but as a National Society we expect every member to have a paper for one or more of the various sections. So get busy. The greatest surprise that ever existed is awaiting you when first your eyes see the P. P. I. Exposition.

Drs. come, no matter how hard pressed you are. Again, I say come, and you will never regret it and, furthermore, we will entertain you.

Fraternally yours,
A. J. ATKINS, President.

COLLEGE NOTES

Herbert T. Cox, M. D.

Dr. J. F. Willard, who was formerly Professor of Specific Medication and Diagnosis, is spending a few months at Lamont, Okla. The doctor writes that he hopes to be back in California by next winter, and again be teaching in the C. E. M. C.

Saturday evening, March 13th, Prof. Roath and wife entertained the members of the Student Body and Faculty with a Saint Patrick's party, at their residence, 1121 East Eleventh street. A good number were present and the Irish spirit had full sway. Each person present was called upon to tell an Irish story or joke. After various appropriate amusements, refreshments were served, which would have made any Irish-

man homesiek for the land of the Shamroek. The gnests departed at a late hour, after having spent a most delightful evening. We don't see how Berger happened to win the prize for the evening, though.

The Board of Trustees held an important meeting Tuesday evening, Mareh 16th, and another on Thnrsday eevning, Mareh 18th, at whieh several matters of eonsequenee were eonsidered.

Prof. Oran Newton of Long Beaeh now has a five-passenger Ford, in which he ean speed on the bonlevard between Long Beaeh and Los Angeles.

Prof. John Uri Lloyd gave a very instruetive address before the Student Body at 8 a. m., March 22nd, on the subjeet of "Collooidal Chemistry." The students are always glad to have the opportunity of hearing Prof. Lloyd, and wish that he might give them talks oftener. He is always welcome whenever he may be passing this way.

AN ANATOMICAL ANOMALY

His first view of an elephant: "Oh pop, look at the great big eow with horns in her mouth eating hay with her tail!"—Farm Journal.

NEWS ITEMS

Dr. H. T. Cox, Los Angeles, has purehased a Ford touring ear.

Dr. Harvey W. Crook, C. E. M. C. 1914, has opened an offiee at 820 Redondo Ave., Long Beaeh.

Dr. Almo De Moneo has ehanged his offiee to 1101 Blaek Bldg., Cor. 4th and Hill Sts., Los Angeles.

Dr. B. B. Bolton, Lassen Co., is spending a few months in Southern California for the benefit of his wife's health.

Dr. H. Ford Sendder was in San Franeiseo last month on business eonneeted with the meeting of the National, whieh will be held in that eity in June.

Prof. John Uri Lloyd, Cineinnati, attended the opening of the Fair in San Franeiseo and spent several weeks in Los Angeles as the guest of friends and relatives.

Dr. L. A. Peree, Long Beaeh, was in Los Angeles several times last month notwithstanding the faet that the doetor is not enjoying his nsual good health.

Dr. J. C. Bainbridge, Santa Barbara, was in Los Angeles last month for a few days visiting his wife and daughter who are spending some time here.

Mrs. Wyman, wife of Dr. W. A. Wyman, Cheyenne, Wyo.,

who has been spending the winter in Santa Barbara, was in Los Angeles during Mareh and a patient at the Westlake Hospital for a few days.

Dr. Geo. W. Groth, has opened an office at 1320 Wright St., Los Angeles, where he will be found on Tuesday, Thursday and Saturday. He will be in Sierra Madre on Monday, Wednesday and Friday.

The Eelectie Medieal College has deeided to require a pre-medieal year's work of eollege grade in Physies, Chemistry, Biology and a modern language, of the freshman elass entering in 1915.

Dr. E. C. Galsgie, C. E. M. C. 1914, has become interested in the Shepard Sanatorium, formerly El Reposo, Sierra Madre, for the treatment of Tubereulosis. Dr. Galsgie is general manager and Dr. Chas. A. Shepard is Medieal Direetor.

Died: Dr. A. B. Simmons, one of the oldest and best known residents of Chino died at his home on Feb. 7th. Dr. Simmons was a graduate of E. M. I., 1867.

Died: M. M. Ring, M. D., Los Angeles, graduate of the C. E. M. C., 1912, died on Feb. 28th at his home, of Cerebral Embolus, following an operation for appendieitis. Dr. Ring leaves a wife and daughter to whom the Journal extends sympathy.

Died: J. T. Farrar, M. D., Berkeley, Cal., died on March 8th at the Roosevelt Hospital, Berkeley, from pneumonia. Dr. Farrar was President of the California Eeleetie Medieal Society in 1910 and a stauneh Eeleetie who will be greatly missed by the profession. The Journal extends sympathy to the bereaved family.

Dr. and Mrs. W. H. True of Laeonia, N. H., have been renewing old friendships on the Coast, and ineidentally taking a "look in" at both Fairs. The doetor has grown fat and prosperous sinee we saw him twenty odd years ago.

THE DOCTOR

Laugh if you like, at the doetor's mistakes—
And I reekon we all make a few!—
He's giving the universe more than he takes,
Whieh is more than the most of us do!

Feather your arrows with humorous ehaff
And tip them with satire and bile,
But don't ask your target to join in the laugh—
He's entirely too busy to smile!

For General Practitioner, Army of Health,
Is fighting the terrors you fear,
While you are discussing his "ill-gotten wealth."
(Most likely, a thousand a year!)

He's saving you sickness and giving you strength,
And it's easy to laugh when you're strong;
But one of your terrors may get you at length
And alter a pitch of your song!

Then you will remember the jests you have made
And scorn his assistance, no doubt!
Or will you entreat him to fly to your aid
With the skill you have jested about?

—Physicians Drug News.

SAN DIEGO, Cal., March.—Arrangements are completed for concerts in the open air music pavilion of the San Diego Exposition by the famous Ogden(Utah) Tabernacle choir on July 17 and 18. The choir will sing at San Francisco the following week. Another well known choral organization planning a summer tour and concerts at the San Diego Exposition is the Apollo Club, with the Chicago Symphony Orchestra, which will make its "choral pilgrimage" through the entire west.

PERSISTENT EFFORT

The story has been told of a farmer who was taking milk to town to sell. On the way he found he did not have enoough for his customers; so he stopped by a brook and filled the can with water. It happened that two frogs were dumped in with the water and to them the imprisonment seemed almost hopeless. nOe immediately surrendered all hope of getting out. But the other was more optimistic and started jumping very energetically. He kept this up all the time and when the farmer opened the can in town, there was the courageous frog calmly sitting on top of a lump of butter he had churned by jumping, while the other frog was lying dead at the bottom.

To one who does not possess the never-give-up spirit, we recommend the above story. It pays to be an optimist.

San Diego, Cal., Mar.—"Midshipman's Day" is announced for July 3 at the San Diego Exposition, following announcement from Washington that on that day the battleships Ohio, Missouri and Illinois will arrive in San Diego harbor with 500

middies from the Naval Academy at Annapolis, in additon to the regular complement. The cruise starts from Annapolis on June 6, and includes short stays at Cuba, at the Panama Canal ports and at Magdalena Bay before arriving at San Diego. From this port the battleships move to San Francisco, then south to Los Angeles, back to San Diego, and through the canal again to Hampton Roads.

THE REMEDY OF CHOICE IN CARDIAC AFFECTIONS

It is interesting to note the growing interest medical men are taking in Cactina Pillets as a safe and dependable cardiac tonic. This is not surprising; ndeed the only surprising feature s that the efficiency of this remedy has not been more generally realized. Hardly any one drug, with the possible exception of digitalis, has a broader field of activity, and there are many competent observers who place it first among cardiac remedies. Experience has shown that the most conspicuous influence of Cactina upon the heart is its effect on the local nutrition and consequent increase of the muscular-motor energy. Certainly it is the heart tonic par excellence, since it increases heart action and restores nerve function with a promptness that is rarely observed with any other remedy.

Made from a dependable preparation of Mexican Cereus Grandiflorous, Cactina Pillets are especially effective in functional disorders of the heart associated with feeble, irregular pulse, more or less dyspnea and a sense of chest oppression. In such cases the effect of Cactina Pillets is exceedingly gratifying, the heart being promptly steadied and strengthened, and dyspnea markedly relieved. Tachycardia and palpitation are quickly controlled, and the precordial sensations which cause so much apprehension are soon dispelled.

In accomplishing the foregoing, the physician does not have to apprehend toxic or untoward effects, for Cactina Pillets are not only non-cumulative but totally devoid of all unpleasant or disagreeable action. It is hardly to be wondered at, therefore, that careful, painstaking physicians are not only using Cactina Pillets more extensively than ever, but are gradually coming to look upon this preparation of cactus as the remedy of choice in functional affections of the heart.

Los Angeles County Eclectic Medical Society meets at 8 p.

The California Eclectic Medical Journal

Vol. VIII. MAY, 1915 No. 4

Original Contributions

OUR MATERIA MEDICA

H. C. Smith, M. D., Los Angeles

Read before The California Eelectic Medical Society

Our Materia Mediea, like the diamond, is more notable for its inate worth than for its bulk.

An extensive search through textbooks on Materia Medica and Pharmaeology, reveals the fact that about forty remedes, only, can be accredited to the Eeleetic School, as being introduced and developed by them, and many of these were obtained from the aborigines, and from domestic practiee. Of course, there are many remedies not discovered, nor brought to the attention of the profession by Ecleetics, that have maintained their position in the Materia Medica, and valuable properties possessed by them, have been discovered through the efforts of Eclectics.

It would be impossible in the time allotted to this paper, to diseuss all the remedies introduced to the profession by Eclectics, so I shall oceupy the time in the diseussion of a remedy of which there is no doubt of its Eclectic origin, although there have been efforts made to discredit that origin, and which is one of the most prominent in our Materia Medica because of its great therapeutic value.

This is Resin of Podophyllum, generally catalogued commercially as Podophyllin. There are two grades on the market, a dark brown product whieh gives us the true normal aetion of the drug; and a yellow product which is the result of treatment of the drug with alum water which precipitates a greater amount of resin, but unfortunately causes it to gripe in even medieal doses. This latter quality of resin is the one ordinarily dispensed when Podophyllin is prescribed.

In the 1847 edition of the United States Dispensatory an

attempt is made to credit Wm. Hodgson, Jr., of Philadelphia with the discovery of Podophyllin, and that same paragraph is also to be found in the edition of 1890 if not later. There was little excuse for its inclusion even in the 1847 edition as that was twelve years after Prof. John King had discovered the resin by accident, although he did not call it Podophyllin, but by its true name Resin of Podophyllum.

About 1835 Prof. King while engaged in preparing a hydro-alcoholic extract of Podophyllum was called away from this task and was unable to resume work upon it until the following morning, when he discovered grayish brown masses floating upon the surface. This caused speculation upon his part as to the possibility of its having therapeutic action, and there being a young lady aged seventeen years in the family who was in need of a purgative medicine, he skimmed off twelve to fifteen grains of the substance and gave it to her. In about an hour it began to manifest its violent hydrogogue cathartic effect, and it required prompt and vigorous treatment to prevent a total collapse upon the part of his patient. To quote Prof. King: "A princely fortune would not tempt me to repeat the experience."

That the action in this case was not merely incidental was proven by the case of Dr. Pietro who took ten grains at a single dose and experienced nausea, vomiting, chilliness, exhaustion, cramps and free catharsis. The experiments on animals performed by Hughes, Bennett, Anstie and various others in which very large doses were administered, and from which they concluded that the drug diminished the secretions of the liver, and was, therefore, not a true chologue, were in reality, not only confirming the experience of various eclectic clinicians, but of that of Rutherford and Vignal who made a series of experiments for the British Medical Association, and of Padwissobski, as well.

Rutherford and Vignal reported in the British Medical Journal for Oct. 30, 1875, as follows:

"1. Podophyllin when injected into the duodenum of a fasting dog, increases the secretion of bile. It is inferred that the increase in biliary flow was due to increased secretion, and not merely to expulsion, because the gall-bladder had been well emptied by compression and the cystic duct had been clamped. Moreover, the increased flow was far too prolonged to be attributed to spasm of the larger bile ducts; therefore an increase in secretion must have been the case.

"2. When the bile is prevented from entering the intes-

tine, Podophyllin acts less powerfully and less quickly than when bile is permitted to flow naturally.

"3. Augmentation of the biliary secretion is most marked when the purgative effect is not severe; indeed, if the purgative effect be very decided, diminution and not augmentation of the biliary secretion may be the chief result.

"4. Podophyllin purgation is apparently due to local action, for the irritation of the intestinal mucous membrance extends gradually from above downwards.

"5. The bile secreted under the influence of Podophyllum although it may be in increased quantity, contains as much of the special biliary matter as bile secreted under normal conditions."

This summarization by Rutherford and Vignal is the physiological and therapeutic actions of Podophyllin in a nutshell. The action of Podophyllin is irritant first, last and all the time. Applied locally to mucous membranes or to an abraded surface it is irritant to the part which expedites its absorption. While too irritant for hypodermatic use, nevertheless, if used in this manner it is rapidly absorbed into the blood-stream. However, administered it is absorbed into the circulation, circulates in the blood-stream unchanged, and while some of it is eliminated through all the emunctories it is in major part carried to the gastro-intestinal tract, that is, that portion under splanchnic control, and eliminated into it. Being an irritant, if given by mouth this action is exerted to some extent directly and stimulation results. After absorption it is returned through the portal circulation and as a natural consequence the liver is the organ receiving the greatest amount of stimulation and of remedial effect, perhaps. If the amount given is too great we are certain to get the effect that we get from over-stimulation of any part. In other words, a small amount stimulates a normal activity of the hepatic cells, while a large amount overstimulates and the over stimulation is followed by inactivity, therefore the findings of Anstie, Bennett, Pietro and others were correct and to be expected.

This irritant carried to the liver through the venous system must of necessity exert its action upon the vessel walls, particularly, the venous walls, stimulating them and increasing their tone, relieving portal congestion, restoring a normal circulation, and allowing a normal activity of liver cells. It is this property of the drug that is utilized by eclectics, and this disturbance of portal circulation which produces the symptom complex for which we prescribe Podophyllin.

Following out the course of elimination of Podophyllin we

find it poured into the gall-bladder still exerting its irritant action, beneficial if in small or moderate dosage, drastic and hydrogogue if in large doses. In small doses increasing tonicity of the gall-bladder and duets; in large doses irritating and causing spasmodic contraction of the circular muscle fibres and an expulsion of all the bile from it. Passing into the bowel it is gently stimulant to the small bowel in small doses, a drastic irritant in large doses with all gradations of action between. Thus it ean readily be seen why very large doses are followed by hepatic inactivity.

The irritant aetion of the drug exerted upon the general venous system also assists its action upon the portal circulation, and the action upon the glandular structures aeting as a stimulant together with its hepatic aetion accounts for its alterative effect upon the system.

Venous relaxation, particularly of the portal system, and the wide spread disturbance resultant thereform, is the symptom complex which will come directly in its field of aetion. The specific symtomatology arising from this pathological anatomy and physiology is: portal congestion and hepatie torpor evidenced by full, relaxed and engorged tissues, bowels, abdomen, extremities and tongue; jaundiced and waxy skin, and yellow sclerae; full, broad relaxed, yellow coated tongue, and inactive body and mind as objective symptoms; dullness, drowsiness, vertigo, loss of taste or dark brown taste, eonstipation or alternate constipation and diarrhaea as subjective symptoms. The homorrhoidal veins are very likely to be involved in the difficulty and hemorrhoids result. Therefore this is the specific symptomatology, or specific indications if you please, for Podophyllin.

ELECTRICITY AND THE AVERAGE PRACTITIONER

J. M. Cleaver, M. D., Los Angeles

Read before The Los Angeles County Eclectic Medical Society

The average medical practitioner looks somewhat askance at electricity as a remedial measure. This attitude appears to be due largely to the fact that electricity is an agency used extensively by charlatans and fakers. These same charlatans and fakers are however able to get results which are beyond the powers of the ethical physician; and the results cannot all be premised upon the theory of suggestion and hysteria.

A man may be judged by the company he keeps it is true, but this does not necessarily apply to methods of treatment.

Electricity, even in the hands of the incompetent is capable of great things as a healing agency.

The question before the average practitioner is whether or not he is justified in incurring the expense of equipping himself to use this form of treatment. To this is added the suspicion as to the truth of the spacious statements of the manufacturers of the necessary instruments and appliances. There are without a doubt more lying statements handed to the prospective purchaser of electrical machines than in connection with any other therapeutic devises.

The average practitioner does not need to make a primary investment of more than $35 to $50 in order to equip himself to do 90% of the electrical work that will fall to him. A good wall plate delivering both galvanic and faradic currents can be purchased for about $30. The necessary electrodes will cost a few dollars more. Should the physician later desire to work with high-frequency currents, a good machine, together with a set of electrodes can be secured for about $55. High-frequency work however should not be attempted until a mastery is secured of the uses of the faradic and galvanic currents.

Of course if psychic impression is the desideratum, the manufacturers gladly cooperate by offering large cumbersome and highly ornate cabinets and plates, with a multiplicity of "currents," at the disposal of the operator. These however are entirely unnecessary to the real worker.

Now what can be done with galvanic electricity? With this modality it is possible to stop hemorrhage, effectually sterilize any mucous membrane in the body, control pain, and change the local reaction of the tissues from acid to alkaline or vice versa at will. A part can be rendered hyperaemic or anemic, strictures can be painlessly dissolved, the menstrual functions can be controlled absolutely and scars can be absorbed from any part of the body. By the aid of cataphoresis many medicaments, including all the metals, non-metals, acids, alkalies, salts and alkaloids can be sent into or drawn out of the body.

Gynecology and genito-urinary work becomes simplified with the aid of this current. Vaginitis, cervicitis, endometritis and some forms of salpingitis can in most instances be absolutely cured. Infantile uteri can be developed in all cases. Cervical erosions can be healed, small scars from tears absorbed, stenosed cervical canals dilated, and all without discomfort or hemorrhage. The urethra can be sterilized, strictures completely eradicated and enlarged prostates reduced. A tendency to hemorrhoids can be cured and established hem-

orrhoidal tumors painlessly removed. Non-malignant cutaneous growths can be obliterated, acne can be cleared up, enlarged turbinates can be reduced, polypi taken away, and tonsils sterilized and shrunken.

Neuralgia and neuritis can in many instances be almost magically cured with this current. General circulation can be improved, local congestions done away with and anemic parts flushed with blood.

With the faradic current it is possible to elicit the various reactions of degeneration. Paralyzed parts can be exercised and massaged. Weakened muscles can be built up, thus correcting most forms of spinal curvature. Relaxed abdominal muscles can be so strengthened that constipation, when from this source, is cleared away. A weak sphincter urinae can be so strengthened as to cure involuntary urination, and the recti-muscles of the eye are exercised, thus mitigating the effects of strabismus.

This work is exact, scientific and under perfect control, and can all be accomplished with an expenditure of, say, $35.

The realm of high-frequency is fascinating in the extreme. The cheapest and most expensive apparatus should both be shunned, the one being useless and the other superfluous. With this current it is possible to increase metabolism, augment the excretion of urea and allied substances, lower high blood-pressure and cure many forms of nervous diseases. The high-frequency current, however, requires more care in its use and has not the universal application of the galvanic and faradic modalities.

Electricity to the general practitioner is decidedly worth while. Its field is limited, to be sure, but in that field it is supreme. Conscientious study and application pay big dividends, both in a satisfaction of having done the right thing and from a monetary standpoint.

Why turn this field of legitimate therapeutics over to the quack?

SPURIOUS DRUGS

By John Uri Lloyd, Ph. M.

[The fundamental principle of pharmacy is that the raw materials from which we prepare our medicaments shall be true to their name. It is axiomatic that this is not always the case, and in the paper which follows the talented and versatile author of the "Drugs and Medicines of North America" convincingly points to the chief reason why spurious drugs are found in the market.]

The manufacturer of medicines is continuously confronted with problems such as are embraced within the above title, problems that are exceedingly annoying, and the more so because they are usually unnecessary. Spurious drugs are not always, perhaps not often, substituted by design, for commercial profit. They may be thrown upon the market in large quantities through the ignorance of the collectors, and distributed in good faith by the commercial handler, who accepts in confidence the collector's stock of crude material. In some instances the collecting of a spurious drug is fully as expensive to all concerned as though the true drug were furnished; indeed, to the legitimate dealer it offers no profit over the genuine.

May I not presume to ask a more charitable view of this problem than that which generally prevails? Physicians, and even dispensing pharmacists, can scarcely appreciate the perplexities that come to dealers in crude drugs, to jobbers, and to manufacturing pharmacists, especially those whose business is conducted ona large scale. These problems are extremely annoying to one and all, and it may be said without fear of dispute that every commercial dealer in crude drugs, and every manufacturing pharmacist, would not only experience a grateful relief could he know that every article purchased was exactly as labeled, but he would gladly pay an additional price for such a guarantee of exactness. Indeed, it goes without a question in my mind, that the losses now so frequently incurred through the necessary destroying of misnamed substitutes, and the time consumed in sorting and culling out admixtures, which has always been a necessity with purchasers of commercial drugs, more than counterbalances the increased cost of an educational effort that would come with better methods of collecting medicinal drugs.

Inasmuch as my sphere of pharmaceutical activity has been partly in the direction of the American materia medica, both crude and manufactured, I feel that a few comments concerning some of our perplexities may not be out of place. And as these can best be illustrated by specific examples, let us consider some of the drugs concerning which we find much confusion in the commercial drug market.

Chionanthus

Up to 1904 this much-employed drug had never, under my observation, been contaminated by a sophistication, as is indi-

cated by a drug treatise on chionanthus, issued in that year, to which I contributed as follows:

> **Part Used.** "The inner bark of the root. Chionanthus stands somewhat conspicuous, in that the commercial drug is always true to name, no sophisticant or substitute, to our knowledge, being found on the market."

At the present time this statement is erroneous. A few years ago gatherers began to confound with chionanthus the bark of a tree or shrub, as yet unidentified, that somewhat resembles chionanthus, but is lacking in the sensible qualities of the true drug. The spurious bark, as first noticed, was coarser and in larger slabs than chionanthus, but it has recently been found nearer in size, as well as thickness, to the true drug, with which it has been mixed by the collector, through ignorance or intent. This necessitates the culling of the commercial article by a drug miller and his assistants, a process that is rather tedious, and naturally expensive. Recently there appeared an offering, under the name chionanthus, of 1500 pounds of a bark that was mainly a sophistication. It carried, however, a small amount of chionanthus, five parts chionanthus in thirty-five parts. The presence of true chionanthus indicated either that the spurious drug grew in a chionanthus section, or that it had been subsequently, and intentionally, mixed with a small amount of the true bark. This latter view I am loath to accept, because in my opinion no American handler of crude drugs would tolerate an intentional admixture in his own establishment. The probabilities are that the drug collector in the woods and hills either mistook the tree from which he culled most of the bark, or that he employed parties indifferent to their trust.

The Viburnums

The use of viburnum opulus, **cramp bark,** dates back to domestic medicine in the past century, its most conspicuous therapeutic introduction, perhaps, being in The Botanic Physician, 1844, a work of 210 pages, by Dr. Elisha Smith, to which Dr. John King often referred in the first edition of his Dispensatory (1852). At that time, and for many years afterward, viburnum opulus was employed in but small amounts outside the eclectic school in medicine. There was consequently no difficulty in obtaining, true to name, the moderate amount necessary to supply the demand for the drug. Came next a commercial demand for "viburnum," instigated by proprietary preparations. Viburnum opulus was then the only drug recognized under the name "cramp bark" (see the old American

domestic remedy publications), and this demand for "viburnum" was abruptly stimulated. Viburnum opulus not being commercially very abundant, the drug practically disappeared from market, the possible supply being insignificant in proportion to the amount required in commerce. It was then inexplicably replaced, under the name "cramp bark" (which name originally applied to viburnum opulus only), by the bark of acer spicatum, or mountain maple, to which, so far as I know, the name "cramp bark" had not previously been applied. This substitution was brought conspicuously before the country by Oliver A. Farwell (Bulletin of Pharmacy, February, 1913, page 68), in an exemplary study that should be read in the original by all concerned in collecting or purchasing crude drugs. In this connection we might emphasize the fact that true "cramp bark" is unquestionably viburnum opulus, but undoubtedly the bark of acer spicatum has long been about the only "cramp bark" on the general market.

As a historical record it may be added that the early eclectics used, under the names "cramp bark" and "high cranberry," the bark of viburnum opulus only, a shrub native to the East, and well known to them. Strangely enough, however, this drug is not mentioned in Samuel Thomson's Narrative and Guide, although it was freely employed by his followers. The demand for the true cramp bark is as yet unsatisfied, and even at exorbitant prices it is difficult to obtain, as has been noted by physicians whose orders for pharmaceutical preparations of the drug must often be left unfilled.

Viburnum Prunifolium—Black Haw

Let me now call attention to the fact that of the viburnums, not alone is the variety "opulus" open to suspicion, but also viburnum prunifolium. In my opinion, the bark of different species of crataegus, and perhaps of trees even farther separated from viburnum prunifolium, are likely to be distributed under this latter name. A person familiar with the different species can readily distinguish true black haw by the taste, which, more or less bitter, is not to be confused with the insipid crataegus.* The rational way to obtain these barks true to name is not that of becoming a professional scold, but to edu-

*That other bitter barks are sold as "black haw," I have reason to believe from a specimen now before me. That crataegus is also frequently found masquerading as black haw, is shown by an offering now before me, of a large lot that is altogether red haw. A sample of still another specimen of commercial "black haw" is now before me, of a tree or shrub with which I am not acquainted.

cate collectors to distinguish between the varieties, and to pay sufficient to warrant care and exactness. The confusion now prevalent is perhaps not to be wondered at, for the common term "haw" leads the thought of the ordinary root digger not only to black haw, but also to the common haw, known botanically as crataegus, of which there are innumerable American species and varieties. Indeed, a purchaser of "black haw" might, in my opinion, reject as spurious black haw any drug offered only under the simple name "haw." The opportunity for confusion becomes the greater in this case, inasmuch as the barks of such shrubs and trees as the haw are likely to be gathered in the winter, and as crataegus and viburnum prunifolium ordinarily grow in the same woodlands and thickets, and even in the same wood pastures (the former being the more abundant), it is perhaps to be expected that the collector, who employs his spare time in the winter in gathering the barks of such as these, might utilize all convenient species and varieties of haw, without attempting to discriminate between them. So far as I know, although the barks are different to the taste, there is no satisfactory method, on a commercial scale, of practically separating the barks of the black haw and the ordinary "haw" after they are mixed, and in my opinion the subject of the authenticity of commercial black haw bark is well worthy of investigation. It is to be regretted that Professor Sayre (Am. Journ. Pharm., 1895, p. 387) did not add crataegus to his study of the viburnums. This might well be the subject of a coming investigation by either Dr. Farwell or Professor Sayre. The Kentucky and Ohio woodlands adjacent to Cincinnati carry both black haw and crataegus, and with both these shrubs I have been, from boyhood, familiar, and believe I speak advisedly in this direction.

Corydalis—Turkey Corn

Pass now to turkey corn, which the American Dispensatory defines as "the tubers of dicentra canadensis, De Candolle, or corydalis formosa, Pursh." For many decades physicians of the eclectic school have prescribed preparations of this drug. Another plant, however, dicentra cucullaria, produces somewhat similar tubers, and blossoming about the same time in the early spring, is also known as turkey corn, or turkey pea, a term that properly covers both plants. In my opinion, both are gathered indiscriminately, although the American Dispensatory attempts to differentiate between them, and warns that:

> "Dicentra (cordalis) canadensis must be distinguished from dicentra (corydalis) cucullaria, which flowers at the same time, and very much resembles it."

Under the name "corydalis" the eclectic school of medicine has aimed to include only corydalis formosa, but it is questionable whether this object is always attained, and I would much like to see the commercial supply freed from suspicion.

Epilobium

There are two species of epilobium, known also as "willow herb," recognized in medicine, epilobium angustifolium, Linne, and epilobium palustre, Linne; no therapeutic distinction being made between these varieties. The common name, "willow herb," however, leads the mind of one uninformed to the true willow, as illustrated by the following incident: Some years ago a shipment of one thousand pounds, more or less, was delivered to the establishment that takes my care, under the label, "**willow herb.**" This shipment consisted wholly of the leaves and small twigs of the ordinary salix nigra, which had unquestionably been gathered in good faith by the collector, who, misled by the name willow, had lost his opportunity so far as epilobium was concerned.

Hydrastis

Some twenty years since hydrastis canadensis, or golden seal, was scarcely more expensive than other woodland plants growing in its neighborhood. But even then, when there was no commercial price distinction, carelessness in gathering resulted in more or less admixture of serpentaria, cypripedium, senega, collinsonia, jeffersonia (twin leaf), and even caulophyllum (blue cohosh), which rendered necessary a systematic garbling of the root diggers' supplies. Gradually, however, the price of hydrastis increased much beyond that of its neighbors, with a consequent incentive for intentional sophistication. Unfair collectors began to mix with hydrastis, caulophyllum, or blue cohosh, which, though much larger and bushier, most nearly, as a native neighbor, resembles hydrastis as concerns its root and fibers. In order that the admixture might not be so apparent, the bushy roots of blue cohosh were even chopped into fragments. In some instances I have known of the fibers, only, being utilized, and mixed with hydrastis. Twin leaf was also thus employed. This latter, being a purely commercial adulterant, is a peculiarly annoying sophisticant, inasmuch as when fibers only are employed, the admixture is perplexingly intimate, although the qualities of twin leaf and hydrastis are exceedingly different.

In our Cincinnati section, another drug has sometimes been mixed with hydrastis, but not with any intent of deliberate

sophistication, the admixture being perhaps excusable with an uneducated or indifferent root digger, by reason of its common name, "yellow root." This drug, stylophorum diphyllum, American poppy, or yellow poppy, blossoms in the early spring, as does hydrastis, and like hydrastis, is possessed of a bright yellow juice. Its root, however, is much heavier and larger than that of hydrastis, or golden seal. I recall one lot of one hundred pounds brought to me personally by a root digger near Cincinnati, as a very fine article of what he called "large golden seal," exhibiting it to me with pride. This drug was altogether a sophisticant, for not one rhizome of hydrastis was present, and aside from the natural blunder of the digger, it made possible what was, so far as I know, the first record of the chemical examination of stylophorum, which is figured and described in Drugs and Medicines of North America, 1884, pages 94-95. It may be added that Professor Schlotterbeck, of the University of Michigan, afterward took much interest in the alkaloidal content of this drug.

Trillium

Even more perplexing to those interested in natural American drug products are the trilliums. Although in the American Dispensatory the preferable species is given as trillium erectum, L., collectors apparently make no distinction whatever between the different species of trillium, nor, in my opinion, have they any reason so to do. The native species are all brought to market under the name most prevalent, bethroot, and consequently, in medicine, "bethroot" has from all time been established by the use of all the native species convenient to collectors, and in medicinal qualities they so closely resemble each other as to be practically identical.

White Snakeroot

Perhaps a more exasperating problem is presented by the rather rare drug known as white snakeroot. This, according to authorities, and accepted even by the American Dispensatory, is the root of eupatorium aromaticum, L. The more common variety, however, is eupatorium ageratoides, and in my opinion this species has furnished the major portion of the white snakeroot of commerce. It is not unlikely that the two species have like qualities, and yet this fact should be established, and if proven, both varieties, as with the aforenamed epilobiums, should be authorized. A study of the structural distinctions is desirable. In this connection it may be remarked that Professor E. L. Moseley, of Sandusky, and Dr. E. W.

Brooks, of Beecher City, Ill., have recently made this plant responsible for the mysterious and long-studied ailment, "milk sickness." To the minute portions of aluminum salt contained in the drug, Professor Moseley ascribes its untoward energies, while it is of interest to note that he has recorded that ordinary baking soda, or bicarbonate of potassium, may be employed as an antidote.†

The Cohoshes

Audacious, indeed, would be the dealer in American crude drugs who would attempt, by their roots, to distinguish between cimicifuga racemosa (black cohosh) and cimicifuga americana. The rarity, however, of the latter plant, were there any therapeutic distinction between the varieties, would prevent admixture to any material degree. In Drugs and Medicines of North America, 1885, C. G. Lloyd wrote as follows:

> "In the entire list of native plants we do not know of any other two evidently distinct species that bear so close a resemblance to each other as cimicifuga americana and cimicifuga racemosa. No one but a close-observing botanist would ever suspect that they were different plants, and botanists can tell them apart only when in fruit. Trying to obtain the rhizome of cimicifuga americana for comparison, we corresponded with quite a number of botanists who at first thought they knew the plant, but afterward found that they had mistaken for it the cimicifuga racemosa, and in one instance a quantity of the rhizome of cimicifuga racemosa was expressed us for it. Our rhizomes of the plant were obtained through the kindness of J. Donnell Smith, of Baltimore, than whom there is no more careful botanist nor acute observer. Although he is perfectly familiar with both species, he was compelled to wait until the gynoecium had formed in the bud before he could distinguish the cimicifuga americana from the other."

Concerning the white and red cohosh, actaea alba, Bigelow, and actaea spicata, Linne variety rubra, Aiton, C. G. Lloyd write as follows:

> "As the actaea alba and the actaea spicata, var. rubra (which are the only forms found over the States east of the Mississippi), bear such a close resemblance that they can

†See monographs by Professor E. L. Moseley: "The Cause of Trembles and Milk Sickness," Medical Record, May 15, 1909, and "Antidote for Aluminum Phosphate, the Poison that Causes Milk-Sickness," Medical Record, April 9th, 1910.

hardly be distinguished except when in fruit, we will give a general description that will apply to both."

It would be useless to attempt to teach ordinary drug collectors the botanical distinctions that would enable them to gather each of these drugs true to name, and it may be accepted that no attempt at separation is made by the collectors.

Helonias

Many are the complications and misunderstandings that have confounded helonias (chamaelidium) with aletris. Indeed, C. G. Lloyd discovered that Strong's American Flora figures the top of aletris with the rhizome of helonias. The common names of these two quite dissimilar plants, both concerning their roots and their tops, are partly responsible for this confusion, the term star grass having been applied to both of them, and the terms "unicorn" and "false unicorn" being likewise employed for both. In our opinion, as stated in the study made for the American Dispensatory (1881), the term "star grass" applies properly and rationally to aletris, the sharpened leaves of which rise upward from the base, encircling the stem, reminding one somewhat of a star. In like manner the term "unicorn," meaning "a single horn," applies to a large portion of the curved helonias roots. The roots of helonias and aletris are otherwise utterly dissimilar, aletris being surrounded with fuzzy, wire-like rootlets, and covered with a dandruff-like chaff, whereas helonias, excepting the sparse rootlets, is bare and ridged. Notwithstanding these prominent distinctions, purchasers of star root or star grass are, without any attempt at deception, likely to obtain helonias, and purchasers of helonias or unicorn root are just as likely to obtain star grass. Any attempt at a study of these drugs, if their commercial names be accepted as authority, is, in my opinion, as pronouncedly time wasting, as is true of the study of the commercial apocynums. The changing of the official name of helonias to chamaelirium has not as yet overcome the aforenamed confusion; indeed, the term chamaelirium has not been accepted in commercial directions. In the first volume of the American Dispensatory I endeavored to differentiate between these two drugs, presenting illustrations of both the tops and the roots.

Apocynum

In no lesser degree uncertain as a commercial drug are the roots sold under the name apocynum. So far as the drug supplied from the Middle West is concerned, at least in the

Cincinnati section, apocynum androsaemifolium is commercially absent, the only species abundant in our neighborhood being apocynum cannabinum. It is questionable, however, as to whether there be any therapeutic distinctions between either these species or the many other varieties. So far as I know, they are all very bitter, very cathartic and, in overdoses, emetic. In my opinion (providing there be any apocynum androsaemifolium gathered anywhere), scientific investigations made with these drugs, if the general American market be depended upon for the supply, is as likely to be from the one species as the other, regardless of the label. In this connection it may be stated that the eminent botanical authority, Professor Rusby, has given the apocynum more or less care and attention, and it is to be hoped that when his labors are completed he will have been able to render it impossible for further confusion to exist in the commercial world.

Summary

This rather disjointed contribution is presented, not with the thought that it carries much that is new to either manufacturers or purchasers of crude drugs, or that it more than superficially touches the problem. The examples presented could be multiplied to a burdensome extent, but sufficient have been given to indicate the importance of the purification of the crude drug market.

An experience of several decades with American crude drugs enables me, perhaps, to present some points of view that will be suggestively useful, in which connection I wish to record that I am not a professional botanist, but am speaking only as one concerned in the perplexities of pharmaceutical processes and necessities. Possibly I may be excused for adding that time and experience have led me to views that, in day gone by, would not have been attainable.

For example, I have long since ceased to accept that such exasperating complications as those aforenamed are, as a rule, due to intentional fraud on the part of either collector or dealer. But even where this cause unfortunately exists, the blame, I now believe, rests mainly on commercial competition, often under the execrable motto, "Just as good, and cheaper," joined with the fact that the ultimate consumer of drugs has not been taught the necessity of drug purity, or the harmful consequences of substitution in pharmaceutical preparations that seemingly can be made cheaper, for the consumer's benefit.

This cheapening of pharmaceutical preparations by the use of inferior crude materials, costing often less than they

should cost, is, in my opinion, to be much lamented. Physicians led by a seeming favor in price, are often misled, to their own and their patients' distress. Apothecaries also should be properly instructed as concerns the expense of gathering and curing drugs, and of the necessity of separating with exactness different species and varieties, that frequently shade into each other bewilderingly, as do the viburnums and the different species of crataegus, also the grindelias, trilliums, etc. The collector unquestionably should receive the price due him for exactness of manipulation, as should also the dealer in crude drugs, on whose care so many must rely for commercial supplies. A standard of cheapness, only, presents little incentive for care or exactness, on the part of either collector or dealer. "We must educate, we must educate," applies now as in days gone by, and, in my opinion, education of the one at the beginning of the line, the drug gatherer, is of first importance. Physicians and pharmacists must be shown that to cheapen a drug, be it crude or manufactured, beyond bare bread and butter living point, is to destroy its value, through the introduction of worthless substitutes or inferior products at a lower price. The best in medicine is not too good for the use of the physician, who must depend upon his remedial agents to insure his success, especially in the treatment of critical cases where failure in applying the needed touch may mean the loss of the patient.

It seems, therefore, to me now, to be apparent that the first step in our attempt to purify the American drug market is the better education of the drug collector, which can only be accomplished by a proper remuneration for his efforts. As a rule, he is not a botanist, but he is yet perfectly familiar with the prominent distinctions that enable him to separate, let us say, the "turkey-pea" plants. In my opinion, few collectors have ever been properly instructed as to the necessity of such differentiations, or encouraged by a proper financial return, to be exact and careful.

Am I right in this? Let us see. According to Sargent, Trees of North America, there are 137 varieties of crataegus alone, not to mention 15 species of the North American viburnums. Sargent even states that, to botanists, "the genus [of crataegus] is still very imperfectly known in North America." It goes without saying, then, that the delicate shading that a botanist might make in these varieties is impossible to a drug collector, but yet every collector of drugs fully comprehends the difference between the ordinary red haw tree and the black haw tree, and if he be made to comprehend the necessity for care in differentiation, and be paid enough to warrant him in

collecting the barks at a season of the year when the leaves and berries on the tree will to him distinguish the tree, there is but little question that he will gladly take the trouble to make his collection true to name. After such barks have been gathered, and perhaps thoroughly mixed before coming to the drug miller, the problem of authenticity becomes exceedingly difficult. Even though to the taste the dried barks are to one experienced quite unlike, where a ton of the mixture is concerned it is not practicable to separate the varieties by tasting or otherwise inspecting each sliver of bark. Nor is a microscopic examination of each piece feasible, where a large mixed shipment is in question. Here, as in other instances, the "ounce of prevention" is worth many pounds of cure. Educate the gatherer of drugs, pay him for his care, and the problem of the drug dealer will be lessened, not to speak of the drug miller, upon whom falls all the various perplexities I have named, and upon whom, regardless of his care, falls the blame for the shortcomings due to the neglect, intent or ignorance of others.

May I not, then, be permitted to suggest that the finding and exposing of sophistication and admixtures in crude drugs is but the discovering of muddy water below the dam. To purify the stream the fountain must be cleared.

In Conclusion

The American crude drug market presents a deplorable uncertainty that can be overcome only by properly educating collectors as regards care in crude drug collection, and, by a fair profit, enouraging crude drug dealers to exert specific attention to such effort. Experts like Professors Rusby and Kraemer and Dr. Puckner are doing a world of good, and, in my opinion, no greater service could be done pharmacy than to consummate an arrangement whereby such men could devote their entire time to this work. Such a systematic undertaking as this, together with the magnificent efforts now being made in drug culture by the National Department of Agriculture, the various state boards, and the painstaking department of the Council on Pharmacy and Chemistry of the American Medical Association, would surely purify our native materia medica.

But do not forget that even men like these need the help of the dealer, who, in turn, needs the encouragement of consumers willing to pay a living wage to those who are worthy.—The Druggist's Circular.

CALIFORNIA EXAMINATION QUESTIONS, APRIL, 1915

CHEMISTRY AND TOXICOLOGY

Dr. H. V. Brown

1. Explain process of examining feces for nitrogen content.
2. What per cent of nitrogen is excreted with feces in (a) fasting, (b) mixed diet, (c) vegetable diet?
3. What are the chemical constituents of the thymus gland?
4. What reaction has a liver cell, (a) before death; (b) after death; (c) Does bile coloring matter occur normally in liver cells?
5. (a) Give formula and describe glycogen.
   (b) Discuss fully the formation of glycogen, and its occurrence in tissues.
   (c) What causes glycosuria?
6. Name six purin bodies and tell where found in the animal body.
7. Define and give an example of each of the following: Antidote; antagonist; toxicology; poison.
8. (a) What effect does dilution of a corrosive poison have upon its local action?
   (b) If an ounce of carbolic acid, well diluted, were swallowed, would life be endangered?
   (c) What is the official antidote for arsenic poisoning, and how prepared?
9. By what chemical tests or means would you identify the following: Mercuric chlorid; morphine; antipyrine; and strychnine?
10. Name five causes of unconsciousness in which the odor of breath will indicate the cause, and describe the odor.
11. Differentiate between poisoning by potassium cyanide and potassium hydrate.
12. Give dose of following: Caffeine citrate; Bromoform; Hydrocyanic acid; Scopolamine; Hydrobromate; Strophanthin.

(Answer ten questions only.)

GENERAL DIAGNOSIS

Dr. D. L. Tasker

1. (a) Define ankylosis.
   (b) Give examples of various forms of ankylosis.
   (c) What diseases frequently cause ankylosis?
2. Differentiate neuritis of the circumflex nerve, sub-deltoid bursitis, synovitis of the shoulder joint.

3. What are the earliest signs of vertebral tuberculosis in a child?
4. Describe the appearance of the knee when its synovial sac is distended. What may this swelling signify?
5. What are the early symptoms of tuberculosis of the hip joint?
6. What are the early symptoms of (a) measles; (b) scarlet-fever; (c) tonsilitis; (d) diphtheria?
7. What is the significance of a retracted chest wall in a case giving history of pulmonary hemorrhage at various times during previous years?
8. Differentiate an incomplete inguinal hernia, on the right side, from chronic appendicitis.
9. What may be the significance of venous stasis in the lower extremities?
10. Describe cardiac asthma.
11. What are the causes of (a) paraplegia; (b) of hemiplegia?
12. Why are children more subject to convulsive attacks than adults?

FOR DRUGLESS PRACTITIONERS ONLY

(Answer but ten questions.)

GENERAL MEDICINE

Dr. Dain L. Tasker

1. Give symptoms and physical signs of primary and secondary forms of broncho-pneumonia.
2. Describe the symptoms of cerebral hemorrhage, primary stage.
3. Discuss enlargement of the spleen, giving significance of this phenomenon.
4. What are the consequences of uncured gonorrhea (1) to the male: (2) to the female?
5. Briefly describe the various stages of syphilis, calling special attention to those reasons which are known to transmit the contagion.
6. Describe the symptoms and treatment of specific anterior urethritis.
7. Discuss acute chorea, indicating why it may be classed as an infection neurosis. Outline the proper management of a case under ten years of age.
8. Discuss movable kidney. Give treatment.
9. Give symptoms and physical signs of mitral incompetency.
10. Discuss symptoms and treatment of exophthalmic goitre.

11. Discuss "referred pain" in visceral disease.
12. Discuss the treatment of gastric ulcer.

(Answer ten questions only.)

MATERIA MEDICA AND THERAPEUTICS

A. M. Smith, M. D.

1. Name the three principal official preparations of digitalis. Give dosage of each. What is the physiologic action of digitalis on the heart?
2. Name three cardiac stimulants and the dose of each. Name three diuretics.
3. How would you treat a case of poisoning by mercury; opium; phenol?
4. State the principal use of ergot.
5. What is the initial dose of diphtheria antitoxin in a severe case of this disease. Describe the treatment of rabies.
6. Write a prescription for local application in a case of scabies, and the directions for its use.
7. What is the hyperdermic dose of morphine sulphate, strychnine, nitro-glycerine, apomorphia, caffein, sodium benzoate, camphorated oil, whiskey?
8. How much opium is there in ten grains of Dovers powder? How much ipecac? What is the action of Dovers powder?
9. Give directions for use of potassium iodide in the tertiary stage of syphilis; quinine in malaria; dilute hydrochloric acid in gastric carcinoma; hydro-bromide of quinine in goitre; sodium salicylat in acute infectious arthritis.
10. Write a prescription for a cough.
11. State, in the order of their importance, the ten most popular drugs used in your practice.
12. Outline your treatment in a case of acute lobar pneumonia, the drugs used and the action you would expect to get.

(Answer ten questions only.)

OBSTETRICS AND GYNECOLOGY

H. Clifford Loos, M. D.

GYNECOLOGY

1. Malformation of Uterus. Describe briefly.
   (a) Uterus uniconis.
   (b) Uterus biconis.
   (c) Uterus Duplex.
   (d) Uterus Septus.
2. (a) Name subjective symptoms of subinvolution uteri.
   (b) Name subjective symptoms of superinvolution uteri.

3. Differentiate briefly vulvar chanere from vulvar chancroid.
4. Outline briefly the treatment of streptococcic endometritis.
5. Name steps in technique of vaginal hysterectomy.
6. Describe briefly the necessary steps to be taken when a ureter is accidentally severed during an operation.

(Answer five questions only.)

OBSTETRICS

1. Describe briefly ovulation.
2. Name signs of pregnancy at fifth month.
3. (a) Describe briefly abruptio placentae.
   (b) Name chief causes of same.
4. Describe briefly the treatment of post partum hemorrhage.
5. Describe mechanism of delivery of placenta.
6. Describe briefly the changes in the endometrium in the puerperium.

(Answer five questions only.)

SURGERY

R. A. Campbell, M. D.

1. (a) Upon what would you base a diagnosis of a floating kidney?
   (b) Describe an accepted operation for its correction.
2. (a) When is a lumbar puncture indicated?
   (b) Describe the operation in detail.
3. Give symptoms and diagnosis of acute appendicitis.
4. (a) Give pathology of one form of dislocation of the shoulder.
   (b) Describe method of reduction.
5. Define aneurysn, anasarea, balanitis, ecchymosis, ectropion.
6. Describe the operation necessary for the cure of an impassable urethral stricture.
7. (a) Upon what would you base the diagnosis of a tubercular hip?
   (b) Detail the proper treatment.
8. Upon what would base a diagnosis of rupture of the bladder?
9. Give technique for the administration of an intra-venus solution.
10. Differentiate between moist and dry gangrene, as to etiology, pathology and diagnosis.
11. Discuss the treatment of talipes, equino varus with bone deformity.
12. How should a fracture of the leg at the middle third be treated? (Be explicit.)

(Answer ten questions only.)

(To be Continued)

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OUR ANNUAL MEETINGS

Springtime is noted for many things besides a young man's love, and one of these is annual meetings. All organizations have them, in truth it may be said to be epidemic, thus resembling "spring fever." And for the most of us, when we begin to reflect upon that "paper" that we promised in a heedless moment, the discomforts of the above named malady are likely to be augmented. At such a time it is well to remember that once upon a time it was said that "it is better to give than to receive." And upon occasion it might be well to keep repeating it over and over with increased emphasis a la Christian Science. Should this plan fail to shake off, or at least ameliorate, the profound lethargic state a bottle of Peruna is the only remaining alternative since cocaine has become too scarce for general use.

However it may be that the reader has already prepared his paper. In such an event he is fit subject for congratulation, and he has our permission to go fishing. But before doing so we suggest that he take a look at the Society Department so that he may know the date and place of these coming events.

THE SMALL MEDICAL COLLEGE

The small medical college is again up for discussion because of a report (Journal American Medical Association, May 23, 1914) that as a rule the larger the college the higher is the percentage of its graduates who fail before the State Examining Boards. The cause of the phenomenon is thought to be inadequacy of the teaching staff of the large colleges, which makes it impossible to give sufficient individual instruction to each student. This is undoubtedly true, and fully accounts for the remarkable careers of many men who have been turned out of institutions notoriously lacking in equipment. We have often called attention to this phenomenon, as well as the parallel in academic colleges, and have often advised that young men be induced to matriculate in small institutions instead of the big ones where they might be submerged and neglected. The staff automatically enlarges with the number of students, but this throws the teaching into the hands of the young and inexperienced and possibly the inefficient, while in the small college more of it falls to the professor of recognized ability. The mere enlargement of the faculty does not therefore suffice, and in medicine enough teaching material may not be in the locality. A city of moderate size may furnish plenty of talent for a small college, and such institutions should therefore be encouraged. They are doing better work than the big ones and could do still better with a bit more equipment furnished by local public-spirited men. Yet, after all is said, success depends on the brains in the student's skull. Good or bad teaching merely makes the student more or less successful than he would be with mediocre teachers.—American Medicine.

OBITUARY

DR. LEWIS A. PERCE

For several months Dr. Perce had been in failing health, but an indomitable will kept him in attendance upon his patients. The immediate cause of his death was an extensive cerebral hemorrhage, causing paralysis of the entire right side. Two weeks later he died, April 9, 1915.

Dr. Perce was a powerful man mentally and physically. He had very positive ideas on all live topics and presented his conclusions with vigor and clearness. By nature a very frank and outspoken man, yet he was recognized also as an amicable man and greatly loved by a large circle of friends. The following historical sketch is from the Los Angeles Tribune:

"Dr. Peree was sixty-one years old and was the son of William Peree, who in Springfield, Ill., when he was sheriff of Sangamon county, occupied offices with Abraham Lincoln. Lincoln was district attorney of Sangamon county at that time, and when he became president of this country Lincoln gave William Peree a cane that had been in Dr. Peree's possession for many years.

"Dr. Peree's education was obtained in the Springfield schools, the Eclectic Medical Institute of Cincinnati and the National College of Electro-Therapeutics. He practiced medicine in Russell, Kan., and also in Bucyrus, Ohio, before he came to Pasadena in 1898. A member of the Kansas State Board of Pensions while a resident of that state, Dr. Peree became equally active upon taking up his residence in Ohio. He traveled over Ohio in company with the late President William B. McKinley and Mark Hanna in behalf of the Republican party, and was chairman of the Republican County Committee for several years. He was state counselor for the Junior Order of United American Mechanics and district commander of the Maccabees of Ohio.

"Shortly after his marriage to a second cousin of General Miles, Dr. Peree came to California, settling in Long Beach on March 15, 1909.

"Dr. Peree was president of the National Eclectic Medical Association, twice the president of the Southern California Eclectic Medical Society, a member of the California Board of Medical Examiners for several years, being chosen in 1901 a member of this body, and in 1905 being elected its president. For several years he was president of the Chamber of Commerce, and also the head of the Long Beach Republican Club. Affiliated with the Masons, Odd Fellows and other fraternal organizations, Dr. Peree was a past chancellor of the Knights of Pythias. He served for some time as professor of diagnosis of the California Eclectic Medical College, and at the time of his death was surgeon for the Craig shipbuilding plant and the surgeon in Long Beach for the Salt Lake Railroad Company.

"Dr. Peree was a member of the First Methodist Church, president of the Los Angeles Submarine Boat Company, and was active in local politics. He is survived by a widow and a sister, the latter living in Kansas City, Mo. His body was cremated and the ashes put in a stone in Long Beach cemetery.

SOCIETY CALENDAR

National Eelectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectie Medical Society of the State of California meets in San Francisco June 14-18, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 m. on the first Tuesday of eaeh month. O. C. Welbourn, M. D., Los Angeles, Cal., president; K. E. Seeburger, M. D., Los Angeles.

LOS ANGELES COUNTY ELECTRIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eelectic Medical Society was held April 4th, at the College Hall. The following members being present: Drs. Caryl, Brown, O. C. Welbourn, P. M. Welbourn, Cleaver, Cox, Reeks, Wilson, Smith, Baird, Seeburger and Scudder.

The minutes of the previous meeting were read and approved.

Under the subject of new business, the President, Dr. O. C. Welbourn, appointed Drs. Baird, Scudder and Cleaver as the three members constituting the Board of Censors for the year 1915.

The subject of the joint meeting of the Los Angeles County Eelectic Medical Society and the Southern California Eelcetie Medical Association to be held May 4th being brought up for discussion, resulted in the following motions: Dr. Smith firmly believing that a well fed stomach is condusive of a contented soul made the motion that a banquet be given at the noon intermission of the joint meeting before referred to. The motion was quickly seconded by yon "Cassius of the lean and hungry look. "Visions of entrees and purees" moistening the lip and brightening the eye," brought forth sueh a chorus of vigorous yeas as to leave no uneasy doubts of its passage.

Then the hospitable Dr. Barbrick, he of the corbovinum, of whom it might be said as Goldsmith did of his father—"All blessed him who left his door," rose and made the motion that the Los Angeles County Eelectic Medieal Soeiety in behalf of itself and of the Southern California Eelectie Medical Association invite the student-body of the California Eeleetic Medical College to attend the banquet to be given by the joint

societies. The motion was heartily seconded by Dr. Sendder and passed unanimously.

Motion that the chair then name a committee on arrangements for the banquet resulted in the appointment of the following members: Drs. Brown, Smith and Barbriek. This was followed by the presentation of the following names for membership by Dr. Barbriek: Dr. H. E. Stroud, of the Colorado University of Medieine, Dr. Chas. H. Ervin, of the California Eclectie Medical College, Dr. J. A. Garland, of the Northwestern University of Medicine. The Board of Censors deviating from the heretofore established enstom of reporting upon their eonsiderations of the proposed names for membership at the following meeting; retired for immediate consideration of the names. Their report being unanimously favorable, aetion was taken upon the report resulting in the inerease in membership of the society by the three proposed names.

A motion was then passed to the effeet that membership application blanks be prepared and used hereafter.

The paper of the evening, entitled "Eleetricity and the Average Practitioner" read by Dr. John M. Cleaver was considered by all to be a very exeellent paper, indeed. The praetieal handling of the subjeet and the wide and sueeessful applieability of its therapentie field were thoroughly and earefully reeeived. That which might be said as recommending its exeelleney more than another is, that it inspired a determination among many of the members for further investigation and study of the subjeet.

Diseussions invited by the Chair were partieipated in by the following: The first doetor, Dr. Smith having in mind his many excellent results from the administration of eleetrieal treatments said, "Them's my sentiments tew." The second doctor quite agreeing deelared he didn't intend throwing a bar (or) briek at sueh a well written paper. The third doetor in his diseussion did the subjeet up Brown. The fourth doetor deelared he was too Welbourn to offer eritieisms where none were entertained nor in order. The fifth doetor—Baird his breast to the eritieism that the modus operandi of the wonderful eures reeited had not been stated. The last doetor deelared the entire paper from beginning to end Reeks with inspiring enthusiasm.

The pleasant and profitable meeting with the atmosphere of hearty good eheer pervading it eaused the motion to adjourn

till the next regular meeting (which will be held in June at the regular time and place) to be delayed to a late hour.

Dr. K. E. Seeburger, Sec'y-Treas. Dr. O. C. Welbourn, Pres.

OUR STATE AND NATIONAL MEETINGS

Dear Doctor:

The Committee of Arrangements and Entertainment of the Eclectic Medical Society of the State of California announces that it has selected the Hotel Plaza, Post and Stockton Streets, overlooking Union Square, as the Official Headquarters. Rates: European plan, single with bath, $2.50 and up; double with bath, $3.50, $4.00 and up.

All officers of the National, as well as officers and members of the California Eclectic Medical Society, will be found here. The rates quoted are extremely low, considering that June is one of the banner Exposition months, and the committee urgently requests all those who expect to attend to make their reservations early. Write the hotel management direct, stating the number in your party, length of stay, number and price of rooms desired. To obtain this minimum rate it will be necessary to make reservations early and enclose a deposit of $5.00 for each room.

The sessions will be held in the Municipal Auditorium at the Civic Center, Tenth and Market Streets, with street-car service direct from the hotel.

The Eclectic Medical Society of California extends a most cordial invitation and promises a big-hearted California welcome to all members of the National. We have the best "World's Fair" ever held, and expect to have the largest and most enthusiastic meeting ever held by the National. Don't forget the dates—June 14, 15, 16 and 17. June 18 is set aside and will be known on the Exposition grounds as "National Eclectic Medical Association Day."

Fraternally,
H. FORD SCUDDER, M. D., Sec'y.
337½ South Hill Street, Los Angeles, Calif.

COLLEGE NOTES

Herbert T. Cox, M. D.

F. C. Calloway, who attended the C. E. M. C. for two years, writes that he graduates in Cincinnati in May, and hopes to come to California some of these days. He wishes to be remembered to all of the students and professors who know him.

A. Goff, M. D., graduate of C. E. M. C., 1913, is spending a few days in Los Angeles.

The Seniors are busy people these days; as they are in the midst of their final work. Thursday evening, June the third, will be Commencement, and the college expects a fair-sized class to graduate. So doctor plan to have that date open so that you can attend the exercises. Announcement of the program and place of holding the commencement will be made later.

In Embryology. Prof.: What would be the condition if there were too much amniotic fluid?

Student (becoming enthusiastic): Why the foetus would drown.

Carl P. Getzlaff, M. D., graduate of C. E. M. C., 1914, was a visitor at the college recently. The doctor was looking fine and seemed to be glad to be back in Los Angeles.

Dr. L. A. Perce, who recently died at Long Beach, was one of the members of the first faculty of the C. E. M. C. after it was removed to Los Angeles, and held the chair of General Diagnosis for three years, but had to resign, owing to failing health not allowing him to make the long trips up from Long Beach to lecture.

Prof. Roath contemplates a short trip to the East, and will be gone a few weeks.

"Deduction is the thing," said the college graduate just returned home. "For instance, yonder is a pile of ashes. That is evidence that we have had fires this winter." "True," said his father; "and now, John, you may go out and sift that evidence."—"Clipping."

NEWS ITEMS

Dr. and Mrs. W. S. Gibson have returned from San Francisco where they visited the Fair for a week.

Dr. H. V. Brown was in San Francisco last month to attend the meeting of the California State Board of Medical Examiners. The next meeting will be in San Francisco, beginning June 14th, and the July meeting will be in Los Angeles.

Died: Dr. L. A. Perce, died at his home in Long Beach on April 9th, and the funeral was held on April 12th. An obituary appears elsewhere in the issue.

For Sale: Medical library for sale. Address Mrs. L. A. Perce, Long Beach, Cal.

The California Eclectic Medical Journal

Vol. VIII. JUNE, 1915 No. 6

Original Contributions

THE ACTION OF PHYTOLACCA

Herbert T. Cox, M. D.

(Read before the Southern California Eclectic Medical Association.)

Although we know considerable about the therapy of Phytolaeca, we have a great deal more to learn about how it acts. First let us review the symptomatology and therapy with which we are all more or less familiar.

The indications are: Enlargement, inflammation or pain in glands or glandular structure, mucous surface or fauces full, and of a dark color, ash colored exudation on mucous membrane of buccal cavity, depressed function and imperfect. Pains of a rheumatic character from deficient katabolism. Inflammation, irritation and ulceration of mucous membranes when lymphatics and elimination are sluggish. Also in all skin diseases.

Therapy: It is useful in various forms of adenitis, granular conjunctivitis, ulcers and cutaneous diseases in general. Ophthalmia and blepharitis. Obstinate eczema, tonsilitis, pharyngitis, mastitis, ovarits, orchitis, parotitis and its matastasis to the testis. Obesity when due to sluggish lymphatics. Torpidity and passive congestion of the liver. It is a remedial agent of great usefulness in a large number of chronic conditions in which the secreting, absorbing and eliminating functions have become impaired. It is one of our most efficient remedies in the chronic form of articular rheumatism. Phytolacca being one of our most popular Eclectic remedies, there is not an Eclectic physician of any moderate amount of experience who has not seen its good work accomplished in most of the above conditions many times over.

Now let us turn to its classification as to its therapeutic

properties. We find it classed by various authorities as follows: Emetic, purgative, chologogue, resolvent, anti-scorbutic, anti-syphilitic, somewhat narcotic, secreto-motor stimulant, and alterative in small continued doses.

Also let us look at its physiological action: It is an emeto-cathartic, but it is one of the slower and depressing emetics. Large doses produce dimness of vision, drowsiness and vertigo. Lowers cardiac movement and respiration. Acts on the spinal cord or principally on the medulla, as a motor-depressant. It is first stimulant in small dose and then depressant in large dose to the peripheral nerve endings. It is eliminated chiefly by the kidneys. Its physiological action has been compared to Potassium Iodid and Veratrum.

A glance at the constituents will also be of value in the consideration of its action. The constituents are given as resin, glucoside, sugar, starch, gum, fat. Amorphous phytolaccic acid obtained by Terreil in 1881; soluble in water. Crystaline alkaloid phytolaccine obtained by Preston in 1884, which is moderately soluble in water. Pape obtained 1.007% of ash, two-thirds of which was soluble in water, and 50% of which in caustic potash. Reichel in 1836 found 6.6% calcium malate in the drug. It will be noticed that the active medicinal constituents are readily soluble in water, which favors the absorption and the action of the drug when taken into the system; and probably enters the blood with very little change.

There is very little in the physiological action which serves as a guide to its therapeutic action. But it points to the fact that it is a secreto-motor stimulant to glandular epithelial structures. This being true, let us consider the finer points of its action.

From our physiology we learn that the cause of increase in both quantity and quality of the lymph is believed to be an increased activity in the secreting power of the endothelial cells. Therefore the medicinal dose of Phytolacca (according to its physiological secreto-motor actions) must produce a physiological stimulation of the endothelial cells, which results in a greater quantity and better quality of lymph being poured into the intercellular lymph spaces by the capillaries. All epithelium is richly supplied with nerve fibres which end in the cells themselves, the epithelial cells resting upon a basement membrane beneath which is always an abundance of lymphatics and lymph spaces from which lymph flows into the intercellular spaces of the epithelium constantly bathing the cells.

The function of this lymph is to provide the tissue cells

with those nutritive materials necessary to their growth, repair and functional activities, and to receive from the tissue cells their waste products prior to their removal by the blood and lymph vessels. If the cells are to continue in their customary functions it is necessary that this lymph contain and constantly supply proper nutritive material, and that it as constantly and rapidly remove all waste products. If this supply is not kept up in quantity and quality, the cells cannot repair themselves, and what is more, the lymph may become destructive to tissue vitality. The cells cannot carry on their regeneration and the lymph becomes more and more charged with katabolic products.

Now if we have a congested or inflammatory process in any of the epithelial membranes or glandular organs, Phytolacca increases the quality and quantity of lymph to the part and at the same time probably stimulates the trophic nerve endings in the epithelial cells themselves. The absorbing and eliminating epithelial structures in the body generally, are also stimulated and produce a purer state of the body fluids. These cells thus have more nutrition and stimulated trophic function with which to build; the accumulation of waste products which is fast clogging the microscopic spaces is lessened and the congested condition overcome or prevented. Thus toxins may be prevented from killing cells, or bacteria from gaining a foothold upon the partially or completely devitalized cells. The better the quality of the lymph the healthier is the state of the white cells which are always carried by it. Thus if we have an ulcerated condition or low grade inflammation of the epithelial surfaces any place in the body, Phytolacca increases the quality and quantity of the food supply for the germinal layer of cells, and their vital properties are at the same time stimulated so that mitosis can proceed and repair the damaged tissue.

Phytolacca is our favorite remedy in lymphadenitis. Now we erroneously speak of lymph nodes as glandular tissue, and the term lymph glands should be discarded. Histologically the lymph nodes are composed of lymphoid tissue which is classified as connective tissue, not as epithelial tissue. These lymph nodes are also abundantly supplied by lymph spaces. In any infection the neighboring lymphatic tissue becomes congested and hyperemic because of the action of the toxins or bacteria which follow the lymph channels. Now, if Phytolacca increases the quality of the lymph in any particular node which is congested, it aids the cells in overcoming the toxins and in removing the products of broken down protoplasm in particu-

lar. If an antitoxin is being produced by the body cells, this increased flow allows a greater quantity of the antitoxin to reach the battlefield, besides bringing more new recruits in the form of more white cells. If our remedy is not given early enough, or if the infection be too severe, then the battle may be lost, and suppuration result in that particular lymphatic area. Thus it probably is more satisfactory in low grade inflammations with sluggish condition of the lymphatics and deficient elimination.

It is eliminated chiefly by the kidneys and has a diuretic action. This is explained upon the same basis because of the epithelial character of the kidneys, and here products of sluggish metabolism are dumped into the sewer by the action of glandular epithelium.

Now, let us sum up. The action of Phytolacca is first as a direct secreto-trophic stimulant to glandular epithelium, and its ultimate action is probably upon all tissues in direct proportion to their lymphatic supply. Epithelium, especially the glandular type; and lymphoid tissue having the most abundant lymph supplies are most pronouncedly influenced. So we might state our specific symtomatology briefly this way: Phytolacca is indicated in inflammation or congestion of epithelial and lymphatic tissue. Therapeutically then, we apply it to inflammation of any organ or membrane containing these tissues. These are the salivary, mammary and thyroid glands, the pancreas, kidney, testis, ovary, tonsils, spleen, lymph nodes, all mucous, serous, endothelial and synovial membranes and epidermis of the skin. Its action in ophthalmia and in congested liver is accounted for by the abundant lymphatic supply in the eye and liver. Its action in obesity and chronic rheumatism is explained by its stimulating effect upon the overloaded lymphatics and glandular organs particularly the thyroid.

INGROWING TOENAIL—ITS NON-OPERATIVE TREATMENT

A. E. Tuchler, M. D., San Francisco, Cal.

This painful inflammatory condition of the large toe is of such frequent or common occurrence that the most elaborate surgical proceedure for its correction is usually undertaken, resulting as a rule in a deformed toe.

And yet, this is easily and painlessly corrected by making the ingrowing nail an outgrowing one.

If the patient comes to the office with an inflamed toe, painful and swollen, take a 10 per cent solution of Ichthyol in water and apply for a few days on gauze and by keeping this dressing saturated with this solution, will soon reduce the swelling and relieve the pain. After this has been accomplished, then a little cotton is gently pushed under the corner of the nail. This can be changed every day and a little larger piece of cotton used. In a very short time the nail will have grown into the usual place where it should be.

The cause of this painful condition of the toe-nail is, that the corner of the nail is cut off and sometimes the flesh is dug into so as to cut some more of the nail out, with the idea to cure it, but which will only inflame it the more. In order to prevent this, the nail should be cut square across, so as to allow the corners to grow over the flesh like the rest of the nail.

It sometimes happens that proud flesh will complicate this inflammatory condition. After the swelling has partly subsided with the application of the Ichthyol solution, it will be necessary to destroy this exuberant growth. This can be done painlessly by applying once a day a powder composed of burnt alum, camphor and carbolic acid. This powder is especially valuable as an astringent, absorbent, and antiseptic dry dressing for indolent discharging wounds. It is put up by Squibb & Sons under the name of "Squibb's Surgical Powder." This powder will destroy this unhealthy growth usually by the third dressing. Then proceed as before, with the Ichthyol solution and by applying the cotton under the corner of the toenail every day until you have an outgrowing toenail.

THE COLLEGE

H. Ford Scudder, M.D., Los Angeles.

The College was chartered by special act of the Legislature as an educational institution not conducted for profit, in Oakland, California, in 1878, under the name of "The California Medical College."

The College was incorporated in 1887 and moved to San Francisco. After the fire in San Francisco in April, 1906, the College was removed to Los Angeles and the name changed to "The California Eclectic Medical College," the first term beginning October, 1907, and extending to June, 1908. The first two years in Los Angeles it was located at 846 Lyons St. Since 1909 it has occupied its present commodious quarters at 337½ South Hill St.

Purpose: "TO TEACH THE ECLECTIC SYSTEM OF MEDICINE AND SURGERY."

Control: The College is governed by the Board of Trustees, consisting of ten members.

Maintenance: The College is maintained by an income derived from the Alumni Association of the College, donations from friends interested in its welfare, all fees from students, and subsidies from the Trustees. This financial policy of the College has proven highly satisfactory during its thirty-five consecutive years of existence, as is evidenced by our present financial status, with a thorough, up-to-date equipment and no outstanding obligations.

Faculty: The Faculty consists of twenty-two professors and sixteen instructors, and contains the names of many of national reputation in the Eclectic School of Medicine.

Course of Study: The curriculum of the California Eclectic Medical College is graded and extends through a four years' course of thirty-six weeks in each year. It covers all the subjects in the manner prescribed by the California State Medical Law, and the work is fully accredited by the State Board of Medical Examiners. The next regular session begins Monday, September 13th, 1915. The term is divided into two semesters of eighteen weeks each. The first semester begins September 13, 1915, and ends January 29, 1916. The second semester begins January 31, 1916, and ends June 2, 1916.

Equipment: The College building, located at 337½ South Hill St., is fitted up and furnished with everything that is necessary for giving a complete modern medical education. Fully equipped laboratories for chemical, histological, physiological, pathological and bacteriological work are provided for the use of students. A well-stocked reference library is open for service; and an abundance of dissecting material is available at all times.

Requirements: The applicant for matriculation in the Freshman class, beginning September 13, 1915, must possess a diploma from a California High School or other school in the State of California requiring and giving a full four years' course of same grade, or other schools elsewhere requiring and giving a full four years' standard high school course, including two years of Latin, or its equivalent. Also, "In addition to the foregoing requirements, he shall present to the Board satisfactory evidence that BEFORE BEGINNING THE LAST HALF OF THE SECOND YEAR in the study of medicine he

has completed a course which includes at least one year of work, of College grade, in each of the subjects of Physics, Chemistry and Biology." An arrangement has been consummated whereby students matriculating in the Freshman class September, 1915, may at the same time do the required one year's work in Physics, Chemistry and Biology at the Los Angeles Junior College, located on North Hill St., ten minutes' walk from our College. It should be explained that the Los Angeles Junior College is a part of the public instruction of the State of California, and as such its work is fully accredited everywhere. The courses given are identical with those given in the first two years of the Science Departments of our various State Universities.

The course in Physics, Chemistry and Biology is outlined as follows:

Physics: Two lectures and one afternoon laboratory work per week.

Chemistry: Three lectures and two afternoons' laboratory work per week.

Biology: Five hours a week, including laboratory work.

The course of study for the Freshman class will be so arranged that while the student is pursuing this course in Science at the Los Angeles Junior College he will at the same time be given some of his Freshman medical course: Physiology, Embryology, Histology, Anatomy and Dissections, etc.

Advanced Standing; Medical: Graduates of other recognized medical colleges desiring to receive a degree from this college must regularly matriculate and complete the full Senior year's work Preliminary requirement, a standard four-year high school course.

Under-graduates from other recognized medical colleges will be admitted to the Sophomore, Junior or Senior classes upon presentation of properly certified credentials, showing full attendance, passing grades in all subjects of the respective years, and a clear moral and financial record from the college from which they come. Preliminary requirement, a standard four-year high school course.

Advanced Standing; Osteopathic: In accordance with a ruling of the State Board of Medical Examiners, passed at their meeting, June, 1914, all graduates of recognized osteopathic colleges desiring to receive a degree from this college are admitted to the Junior year. They will be required to complete

the full work of the Junior and Senior years. Preliminary requirement, a standard four-year high school course.

The Board of Trustees of the College further requires that every candidate for graduation shall have passed a satisfactory examination in this College before the close of the last semester of the Senior year, in each and every State Board subject before being granted his or her diploma.

Instruction: It is only by individual instruction in the small class, where the student comes into close touch with the teacher, that he can do his best work and make the greatest progress. This relation between the teacher and pupil is not only an advantage in the class room, but applies with equal force to the laboratory, clinic and hospital. For serious work the small class is always preferable to the large one, as is easily proven, and is the method that is followed in this College for imparting instruction.

Co-Education: The college is a co-educational institution, and qualified students of either sex are admitted on the same terms. There is an important and growing field of usefulness for women physicians, and they should have an equal chance with the men in preparing for their life work.

Clinics: The college maintains a free dispensary at the college building, open from 12 to 2 P. M. daily, excepting Saturday, when the hours 1 to 5 P. M. are devoted to the clinic for Eye, Ear, Nose and Throat work. In connection with the dispensary is a well stocked drug room with a registered pharmacist in charge. At this dispensary last year about 1500 cases were treated and about 1000 prescriptions refilled.

The Junior and Senior classes are required to attend the college clinics, the surgical clinics at the Los Angeles County Hospital every Saturday from 8 to 12 A. M., also all cases of special interest that are demonstrated clinically at the Westlake and other Los Angeles hospitals through the operation of the College Hospital Fund.

Even if the medical profession is said to be overcrowded, the qualified Eclectic need have no fear of the future. There is a loud call for Eclectic physicians, from all over the land, but the supply of men is not sufficient to meet the urgent demand. No field of activity offers greater inducements to the ambitious young man than does the study of Eclectic Medicine. Many desirable places stand open and ready to welcome him to success and fortune, that for lack of men remain unoccupied. The cry is for more men. Let the ranks be filled!

CALIFORNIA STATE BOARD QUESTIONS

(Continued)

ECLECTIC MATERIA MEDICA

H. V. Brown, M.D.

10 A. M., April 15, 1915

1. What is opium? How obtained? Name the important constituents, artificial, alkaloid and important official preparations. State the parts affected, and mode of operation of the drug.
2. Discuss anesthetics, their general mode of action; the advantages and disadvantages of each.
3. Give the physiological action, the specific symptomatology in general conditions, and during labor, and the dosage of Specific Medicine Ergot.
4. Name the various kinds of stimulants, give example of each and give the specific symptomatology for Nux Vomica.
5. Name the important Nitrites, the form and manner of administration, dosage and their action upon the circulatory apparatus.
6. Differentiate Digitalis, Strophanthus and Apocynum, physiologically, and give the specific indications for each.
7. Differentiate Lobelia and Ipecacuanha as to their actions upon the respiratory tracts.
8. Name and give dosage of the active principle of Podophyllum. Give its course through, and elimination from, the body, regardless of method of administration, and its specific symptomatology.
9. Differentiate between the therapeutic actions of Phytolacca, Echinacea and Iodides.
10. For what form of intestinal parasite is each of the following drugs remedical: Santonin; Spigelia; Aspidium; Felix-Mas; Pelletierine Tannate.
11. Discuss the various actions of remedies upon the kidneys, and give an example of each.
12. Write a prescription containing more than two ingredients and describe the condition for which it is given.

(Answer ten questions only)

HYGIENE AND SANITATION

A. M. Smith, M.D.

10 A. M., April 15, 1915

1. How would you render a section healthful as regards malaria?

2. How is uncinariasis spread? What precautions would you advise to prevent its spread?
3. Describe the technique and dose of preventive inoculation against typhoid fever.
4. What hygienic advice would you give to a person suffering from syphilis; from gonorrhea?
5. Distinguish between contagious disease and infectious disease. Give examples of each.
6. Define epidemic disease; endemic disease; sporadic disease. Give examples of each.
7. How much air space per person would be required in a hospital, in an assembly hall, in a prison? What is the best ventilating system?
8. What substances do you consider of serious moment in the examination of drinking water? What do you consider necessary to render filtration of water safe?
9. Discuss the preventive measures to be pursued in case a single member of a family is affected with pulmonary tuberculosis.
10. Briefly discuss the disposal of sewage.
11. What are the theories of immunity?
12. Name five ways of destruction of infectious-bearing material.

(Answer ten questions only)

PHYSIOLOGY

Dr. W. W. Vanderburgh

10 A. M., April 16, 1915

1. (a) Name the muscles of the ciliary body.
   (b) What is the function of the choroid coat?
2. (a) Name four kinds of muscle stimuli.
   (b) Discuss tetanus.
3. (a) What is the function of the suprarenal capsule?
   (b) Give function of the pituitary body.
4. (a) Name the salivary enzymes.
   (b) Name the pancreatic enzymes, and describe fully the action of two of them.
5. (a) Name the bile salts and bile acids.
   (b) Describe test for bile pigment.
6. (a) Describe the digestion of fats.
   (b) Describe the digestion of proteids.
7. Discuss the internal secretions of the liver.

8. What is the effect of a destructive lesion in the posterior limb of the internal capsule.
9. Discuss shock.
10. (a) Discuss the reflexes in paralysis of spinal origin.
    (b) Discuss the reflexes in paralysis of cerebral origin.
11. Discuss the dangers of blood transfusion.
12. Describe five skin reflexes.

(Answer ten questions only)

FOR PHYSICIAN AND SURGEON APPLICANTS ONLY
BACTERIOLOGY AND PATHOLOGY

H. E. Alderson, M.D.

2 P. M., April 16, 1915

1. Describe accurately the lepra bacillus and describe fully an accepted method used in the identification of the same in tissue sections.
2. Describe the tetanus bacillus, its cultural characteristics, and an accepted method of identification of the same.
3. Describe the bacillus pestis, its cultural characteristics and an accepted method of identification of the same.
4. Discuss the field of usefulness of the guinea pig in bacteriological diagnosis.
5. Describe and discuss the etiological agent of malignant oedema.
6. Describe and discuss the accepted method of manufacturing diphtheria anti-toxin.
7. Describe the microscopic and gross changes that would be found in bone affected by syphilis.
8. Describe the gross and microscopic appearance of the thyroid in goitre (on transverse section).
9. Describe accurately the microscopic appearance seen in syphilitic gumma.
10. Discuss the origin and development of pigment-celled sarcoma and describe accurately the microscopic appearances.
11. Discuss the histopathological changes occurring in senile skin and describe accurately one lesion commonly appearing in the same.
12. Describe accurately the various steps in preparing a piece of tissue for careful systematic microscopic study and give the reasons for each step.

(Answer ten questions only)

Questions Nos. 4 and 12 must be answered by all applicants.

ANATOMY AND HISTOLOGY

W. R. Molony, M. D.

1. What is and what surrounds the internal capsule of the cerebrum at the level of the body of the lateral ventriele.
2. An extensive hemorrhage in the above region on the left side involving the entire extent of the internal capsule will affect the nerve supply to what parts?
3. Give the histology of the cortex of the cerebellum.
4. (a) Give the nerve supply to the upper and lower teeth.
   (b) Give the cutaneous nerve supply to the toes.
   (c) Give the cutaneous nerve supply to the fingers.
   (d) Give the cutaneous nerve supply to the anterior abdominal wall.
   (e) Give the cutaneous nerve supply over forehead.
5. (a) Give the motor nerve supply to the extensors of the hand.
   (b) Give the motor nerve supply to the extensors of the leg.
   (c) Give the motor nerve supply to the constrictors of the pharynx.
   (d) Give the motor nerve supply to the flexors of the leg.
   (e) Give the motor nerve supply to the abductors of the upper arm.
6. Define leucocytes; where found in the body, and illustrate varieties by drawing.
7. Give varieties of epithelial cells; diagram each variety and tell where usually found.
8. Describe (briefly) the pelvic fascia in the male.
9. To what bone may the following parts belong: Olecronon Process; Mastoid Process; Corocoid Process; Coronoid Process; Condyloid Process; Styloid Process; Malleolar Process; Greater Tuberosity; Greater Trochanter; Cribriform Plate; Frontal Sinus; Maxillary Sinus (Antrum of Highmore); Musculo Spiral Groove; Foramen Spinosum; Foramen Rotundum; Foramen Ovale; Alveolar (inferior dental); Foramen Mental; Foramen Magnum; Foramen Orbital.
10. Describe the stomach bed.
11. Discuss the round ligament of the uterus, including its histology.
12. Give contents of carotid sheath.

(Answer ten questions only.)

GRADUATES OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE

RALLY ROUND YOUR SCHOOL

The Alumni Association Wishes to Meet in San Francisco Week of June 14th to 18th, 200 Strong

Headquarters: Hotel Plaza
Post Street, Corner of Stockton

Any graduate of the college who is not doing something in some way to identify himself with or aid his school is not doing his duty toward himself, his Alma Mater or the cause for which we stand. Every graduate should rally to the support of the college in some manner. We cannot all do the big things required, such as sacrificing the time and work necessary to teach, as is done by the Faculty, or to meet the heavy financial obligations, as is done by the Board of Trustees, but all can do a little, and one of the best ways to do this is to join the Alumni Association and through it contribute what you can toward the support of your teaching institution, the existence of which is absolutely necessary for us all.

The Association was reorganized in 1912 and already has nearly a majority of the living graduates as contributing members, besides faculty, life, and honorary members.

The high ideals and objects of the Association are set forth in the following Article I:

"To work for the promotion of the prosperity and best interests of the California Eclectic Medical College, and to keep alive the love and loyalty of its graduates for their Alma Mater. To work for the higher interests of the medical profession in general, its members in particular, and to maintain and cultivate good feeling and fellowship among the Alumni. To advance the science of medicine and medical education by the diffusion of the sound and rational principles of Eclecticism and thus promote the cause for which we stand. To establish prizes for students, endow scholarships for free or partially free medical education at the college for sons of Alumni whose means are limited; and to aid in the increase and upkeep of the college laboratories, and the endowing and supporting of its chairs of didactic teaching, that its additional facilities may meet its increasing requirements, and its high educational standards may continue.

"For these latter purposes the Association solicits and will receive through its President or Secretary-Treasurer dona-

tions and subscriptions of money; bequests of books, magazines, etc., to the college library; of scientific collections allied to medicine and surgery, and of anatomical and pathological specimens for the museum; and gifts of instruments, apparatus, medicines and supplies which can be used for clinics, laboratories, etc.''

Its active membership consists of the graduates, the faculty and the trustees of the college, the fees being $1.00 with application and an annual contribution of at least $1.00. Life membership $10.00. The funds are used in strict accordance with the requirements of the foregoing Article No. 1, and have already proven a substantial aid in support of the school.

The following are the officers for this eventful year 1915:

President—Dr. Wm. A. Harvey, San Francisco, class of 1888.

1st Vice-President—Dr. Benj. N. Childs, Santa Maria, Cal., class of 1895.

2nd Vice-President—Dr. H. W. Hunsaker, San Francisco, class of 1890.

3rd Vice-President—Dr. E. A. Ormsby, Centerville, Cal., class of 1896.

4th Vice-President—Dr. Rosa Munda Sinclair, Shasta Retreat, class of 1902.

5th Vice-President—Dr. J. Albert Born, Spokane, Wash., class of 1897.

6th Vice-President—Dr. Judson Liftchild, Ukiah, Cal., class of 1893.

7th Vice-President—Dr. Florence V. Cheney, Turlock, Cal., class of 1891.

8th Vice-President—Dr. J. W. Hammond, Byron, Cal., class of 1897.

9th Vice-President—Dr. W. W. Wimer, Honey Grove, Tex., class of 1904.

10th Vice-President—Dr. L. B. Weatherbee, Oakland, Cal., class of 1909.

Secretary-Treasurer—Dr. J. Fraser Barbrick, Los Angeles, class of 1910.

Censors—Dr. Hanna Scott Turner, Pomona, Cal., class of 1887; Dr. Carl L. Murray, Sacramento, Cal., class of 1890; Dr. Elmer C. Bond, Healdsburg, Cal., class of 1899.

Executive Committee—Dr. A. S. Tuchler, San Francisco, class of 1892; Dr. H. Ford Scudder, Los Angeles, Faculty Member; Ex-Officio the President and Secretary-Treasurer.

It is the hope of President Harvey and his staff officers

to make this a record-breaking year and the coming reunion at San Franeiseo during the State and National meeting, June 14th to 18th, the largest in the history of the college. To this end every graduate should send to the Secretary-Treasurer his or her applieation with the fee of $1.00, together with name in full, address and gradnation year, and indieate the amount of their annual eontribution and whether they will attend the meeting or not. We want to hear from every graduate of the college, with their membership applieation, if possible, but at least we want to hear from eaeh and everyone with full name, address and graduation year, that the records may be kept as complete and up to date as possible. Also everyone who ean, should attend the meetings in San Franeiseo this year, as never again will the opportunity be given you to attend all in one week the meetings of the National Assoeiation, the State Soeiety and the Alumni Assoeiation of your college and at the same time see the greatest and most beantiful of all the world's fairs. Come and meet your old elassmates and renew old aequaintances; eome and meet faee to face the big men of the Eelectie world—they'll all be there—eome and listen to the papers and take part in the diseussions; eome and enjoy yourselves. And if you ean't eome, write; we must either see or hear from you.

Fraternally yours,
WILLIAM A. HARVEY, President.
J. FRASER BARBRICK, Seeretary-Treasurer

Send applieations and eommunieations to the Seeretary-Treasurer, 641 Consolidated Realty Building, Los Angeles, Cal.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

OUR SAN FRANCISCO MEETINGS

The annual meeting of the California Eclectic Medical Society will be held in San Francisco the week beginning June 14th, and it is the hope of the officers that a full attendance will be present. The program for this meeting is somewhat unusual but none the less important. The conspicuous feature is that our State Society will act as host to the National. It is generally conceded that Californians know how such an occasion should be celebrated, therefore it behooves us to live up to our reputation. Get in touch with the entertainment committee and learn of the good things that are in store for you.

C. E. M. C. COMMENCEMENT

The graduation exercises of the California Eclectic Medical College will be held in Blanchard Hall on the evening of June 4th. This is the thirty-seventh celebration of the graduation of a class from this institution, and it is the belief of those responsible for the program that as a function it will be the most enjoyable of them all. The "piece de resistance" will be the address by Prof. John Uri Lloyd.

The faculty and class extend a cordial invitation to all friends of Eclecticism as well as their personal friends.

CALIFORNIA ECLECTIC MEDICAL COLLEGE COMMENCEMENT PROGRAMME

Music—March, "Blue Ribbon" ..... Kahler
Invocation ..... Rev. Wm. Carey Bailey
Music—Serenade ..... Drigo
Dean's Report ..... J. A. Munk, M. D., Dean
A Layman's Appreciation of Eclectic Medicine ..... Judge Wm. A. Spill
Music—Selections, "High Jinks" ..... Frimil
Address ..... Prof. John Uri Lloyd, Phar. M.
Music—Trio, "Perfect Day" ..... Bond
Conferring Degrees ..... O. C. Welbourn, A.M., M.D., President Board of Trustees
Music—"Melodie" ..... Rev. Wm. Carey Bailey
Music—March, "Light Guard" ..... Gibson

THE INTRA-SPINOUS INJECTION OF SALVARSAN AND SALVARSANIZED SERUM

In the July, 1914, issue of "The Critic and Guide," in an editorial on "The Intra-Spinal Treatment of Syphilis," I expressed an unfavorable opinion of that method. I stated there:

"I have studied every case reported in this country and abroad, read in an unbiased and analytical manner, and my positive conclusion is that the intradural method, even leaving out its dangers and its disagreeable by-effects, offers no more than, if as much as, does the old-fashioned treatment by mercury and iodine. None of the cases reported presented positive unmistakable improvement as a result of the treatment. Improvement occurred in some, but improvement and remissions in cases of tabes and general paresis occur with any treatment and without any treatment. The Wassermann reaction improves under the intradural salvarsanized serum treatment, frequently becoming negative, but the Wassermann reaction does not seem to be a reliable criterion of the condition of the parasyphilitic states. The Wassermann may become negative, the cell count and globulin may show great improvement and still all the subjective and objective symptoms may remain the same or become aggravated."

Careful observers are coming exactly to the same conclusions. In a paper entitled "The Dangers and Fallacies of Intra-Spinous Injection of Salvarsan," published in the Lancet-

Clinic (February 13, 1915) Dr. William Ravine expresses himself very emphatically against the method. He asks: "What is accomplished by the Swift-Ellis method of treatment?" and he rightly answers: "Wassermann plus is changed to negative. The number of lymphocytes in the cerebro-spinal fluid is reduced. Globulin reaction becomes negative. In other words, the improvement shown is a biochemical or laboratory improvement. The high cell count and the globulin reactions are the manifestations of an inflammatory process, and it is questionable whether its reduction is going to be a distinct advantage to the patient; we must not lose sight of his general condition. Clinically, no results are reported aside from the fact that the patients are reported as felling better. What a variable quantity this is!"

His summary is as follows:

(1) The direct introduction of salvarsan and neosalvarsan into the spinal canal has been almost entirely abandoned, as it is fraught with the greatest amount of danger. (2) The chief reliance in the Swift-Elis method is in the initial intravenous injection. (3) The nervous system is accessible through the blood stream as arsenic is recovered from the spinal fluid after intravenous injection of salvarsan. (4) The amount of arsenic injected by the Swift-Ellis method is only infinitesimal, and the changes brought about are no doubt due to the initial intravenous injection, or to the repeated lumbar punctures, or to the dilution of the cerebro-spinal fluid. (5) The changes brought about by this method are only those of the laboratory; clinical recoveries are not reported; fatalities have resulted and cases have been decidedly made worse. (6) This method has not supplanted the time-honored use of mercury and K. I., plus our new addition. salvarsan. (7) The method is one that requires the greatest care as to asepsis, requires a full laboratory equipment, and can only be used in a well-organized hospital, and is not applicable for the general practitioner. It is very painful, opiates having to be given to relieve severe pains in the extremities.

We believe that the time is not far distant when the intraspinal injection of salvarsan, neosalvarsan or salvarsanized serum will be considered in the light of criminal malpractice. And while we have the utmost faith in the sincerity of the vast majority of medical practitioners, we cannot help fearing that in some instances the specialist who recommends the treatment is more influenced by the high fees which this treatment commands than by the welfare of the patient, for we must remem-

ber that so far there is not a single reeord of unequestionable, permanent eure of a ease of loeomotor ataxia or paresis.—Ed. Ciciv and Guide.

THREE GOOD REMEDIES

John William Fyfe, M.D.

Aesculus Glabra—Buckeye

Aeseulus a third of a century ago constituted a favorite eclectie remedy. It has been employed as a stimulant to the nervous sytem in some forms of paralysis with marked advantage and in diseases eharacterized by mental depression it has been found a needed medieant. In hemorrhoids, espeeially when there are sensations of eonstriction in the reetum, its usefulness has frequently been demonstrated, and in eolieky pains in the region of the umbilieus, caused by irritation of the small intestines, its relieving influenee is prompt and energetie.

In that form of asthma which is not markedly paroxysmal aeseulus glabra has proved an exeeedingly valuable agent. A number of years ago a lady sixty years of age eame to the writer for relief from severe attaeks of asthma. She had suffered greatly from her early womanhood. The patient was directed to take ten drops of specifie aeseulus in water every two hours. In two weeks she eould sleep comfortably without having under her head the extra pillows whieh she had previously found neeessary. She eontinued the medieine from three to six times a day for several months and was finally eured of the distressing eondition. Aeseulus glabra also exerts a relieving influence in the difficult breathing of eonsumptives, and is speeially valuable when there is a sensation of eonstriction in the chest.

The dose of speeifie aesculus is from five to ten drops, but its good effeets may be obtained by preseribing it as follows: R speeific medieine aesculus, gtt. x to ʒii; water, ʒiv. Teaspoonful every hour to every three hours.

Agaricus Albus—Boletus Laricis

Boletus is obtained from various fungus plants of the mushroom tribe. It has been employed in a large number of abnormal eonditions with advantage. In the night sweats of eonsumptives, as well as in the diarrhea of such patients, it is a superior remedy, and it eonstitutes a useful medieament in periodieal fevers, espeeially when the ehills are brief and the

fever almost continuous. In diseases requiring a stimulant to the nervous system it has been used with gratifying results. Yellowness of the kin, aching of the back and joints, chills attended with flashes of heat and chills confined to the back are regarded as among the most reliable symptoms calling for this remedial agent.

The dose of agaricus is from five to thirty grains, but it may be effectively prescribed as follows: ℞ specific medicine boletus, gtt. x to xxx; water, ℥iv. Teaspoonful every two hours.

Chionanthus Virginica—Fringe Tree

Liquid preparations made from the back of the root of this indigenous shrub are successfully employed in a number of abnormal conditions. In the treatment of jaundice chionanthus has no superior, and any condition requiring increased functional activity of the liver will be improved by the exhibition of ths drug. Chronc inflammation of the liver has yielded to its influence after other approved remedies had failed to accomplish the desired result. Inflammation of the spleen also comes within it scorrective range, and it is said to be useful in inflammation of the pancreas.

In all wrougs of life in which the skin resembles copper in color, but shades a little more on green, and the eyes show a yellowish or greenish discoloration, chionanthus may be depended on as a remedy that will exert an influence making for restoration to normal activity. Clay colored stools, high colored urine and pain in the epigastrium and right hypo-chondrium, resembling colic and sometimes extending down the abdomen, are also good indications for the exhibition of chionanthus.

The dose of specific medicine chionanthus is from five to twenty drops—Eclectic Medical Review.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June 14-18, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8

m. on the first Tuesday of each month. O. C. Welbourn, M. D., Los Angeles, Cal., president; K. E. Seeburger, M. D., Los Angeles.

SAN FRANCISCO MEETING NOTICE

Members of the Eclectic Medical Society of the State of California:

Your Committee on Arrangements and Entertainment announces that it has in your name extended to every member of the National Eclectic Medical Association a most cordial invitation to the meeting at San Francisco June14-18, and promised a true, big-hearted California welcome to all and the largest and most enthusiastic meeting the National has ever held. Now we must make good, and we can and will if every member of the State Society will do his or her part.

While the State Society will act as a collective host to the National during this meeting, and because of this expects every member to be present, the committee suggests that each member should act as an individual host and appoint himself or herself a committee of one to receive our guests and look after their welfare, and thus show the visitors what a real California welcome means and make this a never-to-be-forgotten convention of our great National Association.

Fellow-members, this is our time to shine. This is our opportunity to show the world not only what California can do for "the stranger within her gates," but also to attract attention to the high ideals and wonderful achievements of Eclectic Medicine, which offers to all peoples, without force or compulsion, a kindly, safe and pleasant, yet scientific, system of healing, and asks in return only that patronage which its remarkable results justly merit. You should be proud to be identified with such a school of medicine, and if you are a representative Eclectic you will attend this meeting. The committee has selected the Hotel Plaza, Post and Stockton Streets, overlooking Union Square, as the official headquarters, and all officers of the National and officers and members of the State Society will be found there. Rates: European plan, single with bath, $2.50 and up; double with bath, $3.50 and up. These rates are extremely low, considering that June is one of the banner Exposition months. To obtain these low rates it will be necessary to make reservations at once, and the committee advises to write the hotel management direct, stating the number in your party, length of stay, number and price of rooms desired, and enclose $5.00 per room as a deposit.

The sessions will be held in the Municipal Auditorium at

the Civic Center, Tenth and Market Streets, with street-car service direct from the hotel. June 18th is set aside and will be known on the Exposition grounds as "National Eclectic Medical Association Day."

Doctor, we have in that wonderful city of San Francisco the greatest of all "World's Fairs." We expect and wish to have the greatest and most enthusiastic meeting our National has ever known.

Will YOU be there? Will YOU come and help? **As a true and loyal Eclectic** you should come. As a **progressive physician** seeking the best interests of your patients you should come. You owe it to **your School of Practice**, to **your State Society** and to **yourself** to come. **Come** and bring your family and your friends. It will do you all good. The attendance will be large, the programme and entertainment exceptionally good, and while you may have to make a few sacrifices to come, we are sure you will be many times repaid, not only by the pleasure gained and given and the knowledge acquired, but by the thought that you have been faithful to the cause, have upheld your medical convictions and the school of your choice, and what is more, you will have "**done your duty.**"

(Signed) H. FORD SCUDDER, M. D., Sec'y.

COLLEGE NOTES

Herbert T. Cox, M. D.

Prof. A. P. Baird entertained the Junior Class Saturday, May 1st, at his home, "The Olive Branch," on Mahantonga Way. The day was somewhat damp, but between showers the boys tried their hand at excavating on the hillside around the doctor's residence, while the ladies enjoyed the beauties of the terraces and the scenery surrounding. A sumptuous repast was served at noon, while the rain beat down steadily outside. All the Juniors agreed that they had a most enjoyable time.

Dean Munk entertained the Freshman and Sophomore classes at his ranch near Compton on Saturday, May 8th. This is always an annual occurence with Dr. Munk, and the students always have an enjoyable outing. The time was passed in looking over the many hundred medicinal and ornamental plants in the botanical gardens, and in various sports. Dr. Hill was much interested in trying to catch a chicken, as is shown by one of Dr. Munk's snapshots. This probably occurred before lunch, because all of the students swear that they had a swell array of good things to eat.

The Commencement exercises for 1915 will be held Friday

evening, June 4th, in Blanchard Hall, 231 South Broadway. The programme will begin at 8 p. m. and will be very interesting. A good speaker has been secured for the evening. Set this date aside and make it a special point to be there and help send the new class out into the cold, cold world.

H. J. C. Sprehn, M. D., class 1913, has returned to Los Angeles from San Francisco, where he has been for several months.

The Alumni will hold their annual meeting in San Francisco during the National Eclectic Medical Association meeting, which occurs June 14-18. All Alumni should make it a point to be there if possible and meet with the boys once again, and take in the National. Don't forget your Alma Mater; she needs your help and you need hers.

THE GRIP

I don't feel flip; I have the grip; and all my person's aching; all day I sneeze; one hour I freeze, the next hour I am baking. I have the grip, and nurses skip around me with their potions; the doctor shoos the words I use, expressing my emotions. Vile tasting pills, and salts and squills, my inside works I rake with; my bulging brow once helped, but now it's only fit to ache with. "Cheer up, cheer up, Old Buttercup," my neighbors all keep crying; "no man should whine, nor yet repine, until he's sure he's dying; and then by jing, he ought to sing until he splits a rafter, and steer his bark into the dark with optimistic laughter!" They make me hot—they haven't got this curse of all diseases, so they can chaff and dance and laugh, and spring their sunshine wheezes. I wish they'd cease to speak their piece, and toddle to their homes off; they do not ache and freeze and bake, and sneeze their doggone domes off! They do not drink a potion pink, of wormwood, from a dipper; first class they feel, so they can spiel of being blithe and chipper!

—Walt Mason.

NEWS ITEMS

Dr. Clinton Roath has returned from a visit to relatives in the East.

Dr. H. P. Riewel, Oceanside, accompanied a patient to the Westlake Hospital last month.

Dr. D. A. Stephens has located in Holtville, Imperial County, where he is building up a good practice.

Dr. M. B. Bolton, San Pedro, has been in the city fre-

quently during the past month. The doctor has a new Buick automobile.

There will be a meeting of the Board of Medical Examiners in June in San Francisco, and in July they will meet in Los Angeles.

Dr. J. F. Willard writes from Oklahoma, where he has been visiting his parents, that he will return to Los Angeles before the opening of the fall term of the College.

There was a large attendance of members and visitors at the joint meeting of the Los Angeles County Eclectic Medical Society and the Southern California Eclectic Medical Association on May 4th. The new officers of the Southern Society are: President, Dr. Barbrick; Vice-President, Dr. Cox; Secretary, Dr. Smith.

Carl L. Murray, MD., formerly of 1007 8th street, Sacramento, Cal., has moved and may now be found in the Stoll building, 5th and K streets, Sacramento, Cal.

The Department of Interior will permit automobiles to enter Yellowstone National Park on and after August 1, 1915, under rules and regulations that are now being formulated and will be available for distribution soon. The Goodrich National points of the country to Yellowstone.

The eye and ear surgeons of the Pacific Coast will meet in annual convention in San Francisco, June 15-17, 1915. An interseting program has been prepared.

FOR SALE—A splendid sanatorium near San Francisco. A great bargain. Established for years. This is a great opportunity to acquire an established practice and a paying institution. Write or wire for particulars to this office. We will forward it to its correct address.

FOR SALE OR RENT—Office of physician, in desirable location in a New England city of 100,000 inhabitants, center of the brass industry of this country, with many factories affording employment to skilled and highly paid workmen. For further particulars address Mrs. S. B. Munn, 35 Leavenworth street, Waterbury, Conn.

The California Eclectic Medical Journal

Vol. VIII. JULY, 1915 No. 7

Original Contributions

SOUTHERN CALIFORNIA CLIMATE

J. A. Munk, M. D., Los Angeles, California

(Read Before the Southern California Eclectic Medical Association.)

The climate of Southern California is a subject of perennial interest.

Every true Californian is a booster of his State and has to tell about it.

As climate is my hobby, I wish to call attention, again, to some of our climatic attractions.

During the past ten years there has been a large increase in population and the throngs of people that crowd the streets of Los Angeles are constantly growing, the only wonder being where they all come from.

Once upon a time, so runs the old legend, man was lord of creation and had the undisputed right-of-way in all directions, but this is no longer true. With the coming of the crowds also came wheels and increased speed, so that on every traveled road and at every street crossing the pedestrian has to run and dodge, or wait, while the wheels roll by, in order to escape alive. Yet notwithstanding the rush and crush in the streets, but few die young in California and nearly all die of old age, by the record.

Great changes have occurred in recent years and those who came early and helped at the start are to be congratulated; but the child who is here now and lives to see the astonishing developments that will surely take place on the Pacific Coast during the next fifty years, is to be envied, as they will surpass anything that has yet happened.

California is said to have "the best climate on earth," but the same has been said of some other places and it cannot be

true of all. There need be no fear, however, that California will lose out on her claim, as it is the unanimous opinion of experienced travelers that our climate is without a rival.

The climate seems to suit all classes and after it enters the blood there is no getting rid of it. People who come once are sure to come again, and however much they may come and go it is only a question of time when they will return to stay.

The pleasant, agreeable weather which prevails throughout the year is so regular that "it is almost too good to be true" and sometimes, even, becomes motonous; but good climate, like any other good thing—as, for instance, health or wealth—is never fully appreciated until it is lost, when it is too late for regrets.

The entire absence of all extremes of weather is phenomenal and strikingly characteristic of the country. There are no extremes of heat or cold, wind or rain, but it is a land of calm, of balanced cloud and sunshine, of soft breezes and gentle showers.

Being far south and in the Tropics, it is commonly regarded as a hot country, which is a mistake, as there is practically no summer nor winter, and the weather is neither hot nor cold. The temperature is even and warm, yet always cool and comfortable.

Everything in life is relative and is influenced by surrounding objects. There sometimes seems to be a change that is not real, which is caused by contrast. The temperature is much the same at all times, but feels cool in summer and warm in winter, in comparison with the temperature that prevails on the outside. This difference is true of both air and water and is easy to illustrate.

The water in a well is of the same temperature the year round, yet, paradoxically speaking, feels warm in winter and cool in summer, according to the outside heat or cold. The same is true of the water in the Pacific Ocean, which varies only eight degrees of temperature during the year. Here, again, and for the same reason, the water feels warm in winter and cool in summer and affords comfortable open air bathing every day in the year.

The even temperature is the result of a happy combination of local conditions which are peculiar to the country and is largely due to the close proximity of the ocean and mountains. Upon one side of the littoral of Southern California is the warm water of the great Pacific Ocean, which tempers the air, and upon the other side is a high range of mountains, which pro-

teets the land from the cold north winds of winter. In the summer the daily morning velo cloud eools the atmosphere during the forenoon and the eool sea breeze has the same effect during the afternoon; which, altogether, produees a happy eombination for a salubrious climate that is unexeelled. If the weather ever happens to be either a trifle hot or eold, it is only for such a short time that it makes no impression.

The winter climate is sometimes eold, but never frigid. There is seldom enough frost to do any harm and zero weather is unknown. The temperature may drop a few degrees below normal and linger near the frost zone for a short time, but soon rises above the danger point. The thermometer, instead of continuing downward to below zero or until the "bottom falls out," as it does in all eold eountries, stops before reaehing frost or danger.

It is not only a satisfaction not to have everything green frozen and killed, but the large majority of people find great eomfort in knowing that here they are forever free from blizzards and zero weather, and are in no danger either of freezing to death in winter or of roasting with torrid heat in summer.

Perhaps once in fifty years (and that's a long time) the weather "slops over" and gives us a killing frost which does some real harm, or an hour of seorehing heat; but one such oecurrenee during this long interval of time is only an unwelcome reminder to the one-time tenderfoot of what happened regularly every year in his old home State baek East, and is the one opportunity of a lifetime for the chronic kicker to disparage the climate and say, "I told you so."

CHARACTER IN THE DOCTOR

By A. J. Atkins, M. D., San Francisco

Character is born of experience; it is of slow growth, consequently few of the human raee attain its highest goal. The fundamental reason is personal ambition. This stumbling block lies directly across the pathway of every man who seeks to rise above his fellow man for any other purpose other than that of burden-bearing or love. The man who attempts to pass this elemental stone of charaeter building will ultimately stumble and fall flat.

The men who join the medical profession are naturally ambitious, they desire to excel, whieh in itself is worthy; but if the candidate stops there he is wrecked upon the very threshold of his possibilities, for character alone should reign supreme in the mind of every physician.

To guard and preserve human life should be the very foundation stone of every human being who attempts to treat the sick. It is his imperative duty to study life and gain all possible knowledge of natural law so as to be able to guide those under his care, just as the banker studies values in order that his depositors may be protected under a certain law.

In America we have many physicians who only think of prestige. If they can only go to Europe and spend a few thousands of their hard-earned dollars, they feel that their fortune will be made when they come home to pose as heroes among their less fortunate brethren. How sadly these returned heroes await for the lesser lights to fill their offices with patients is truly pathetic. This European craze for imaginary knowledge has grown to such vast proportions in the past decade that even the plain farmer physician feels that he must deprive his faithful wife of a new dress in order to take this imaginary course of serum-therapy in order to keep his patients from slipping away from him to the more technical city practitioner, either regular or Christian Scientist. These men are not to be blamed but pitied, simply because they do not possess character inately.

On the other hand, I know a worthy physician who has spent most of his days in the wilderness doing good to the lonely Indians and some other folks in his environment. Under these conditions that physician had only the divine inspiration of his own soul to guide him along the narrow pathway of experience, and yet today if I had to choose a man among the medical fraternity to treat my family according to natural law I would send for that physician, for the simple reason that Nature alone has taught him to be self-reliant, to be sympathetic, to value human life, to respect human life and not commercialize it—in fact, to be a plain human. When a doctor overlooks these old-fashioned attributes he throws off the thin veneering of the ape and becomes an ape, with no other sense than that of an ape.

Another argument to the American physician to go abroad is that of the vastness of the supply of clinical material, in still plainer words, human beings are cheap and dollars are scarce in Europe. For this reason alone the honest physician should stay away from such places and environments as tend to lower his estimate of human life, for just as truly as he loses this finer respect for his fellow beings does he degenerate toward the beast level. There was a time when European countries excelled in the very best products of the world, but, gentlemen of sober thought, I am inclined to believe that that day is past. According to Luther Burbank and others, new conditions, new

environments, produce better products, and this law applies to men. Here in America we are inclined to under-estimate these values,—i. e., in a general sense,—but I imagine that Europe smiles in a quiet way at this ignorance on our part, however she tolerates it with due consideration from a financial standpoint, because if it were not for the vast horde of American suckers that go abroad every year it would be only two or three years until the vast herd of human leeches would be searching for new blood to suck on our own shores. There may be some excuse, however, for a man to leave California and seek pleasure and knowledge in the Old World, simply to prove it to himself that California and the U. S. A. is the most advanced country on earth—in other words, he might learn something by comparison.

P. S.—This article was written two years ago to commemorate my impressions of a member of our school who had recently returned from "abroad to enlighten the world." There is neither prejudice nor envy in the heart of the author. Three more years and there will not be left much of the medical prestige of Europe. The doctors of the world may come to California.—A.

OUR OPPORTUNITY

Dr. H. V. Brown, Los Angeles, Cal.

Anent the Harrison Narcotic Law, a certain chemical company, whose recent advertising circular came to my notice, takes advantage of a situation thus created to boost a near-narcotic, it having so far escaped the hammer of the Internal Revenue Bureau. The circular refers to the ruling of the Bureau that a record must be made and kept of all narcotics dispensed in the office or at the bedside, and then draws the following conclusion: "One effect of these exacting requirements will surely be a decrease in the use of the restricted drugs by physicians and a consequent search for other forms of sedative remedies. Among the remedies which are thus replacing the opiates," etc., and the circular proceeds to relate how harmless and effective their preparation is as a substitute for opium.

Thus the astute promoter of proprietary mixtures is ever alert for the opportunity to appeal to the lacadaisical attitude of the average physician respecting the study of single drug therapy.

Not long since a learned physician was heard to express himself as astonished, if not astounded, at the large number of drugs mentioned by a student writing an examination paper, which might be indicated in treating a given disease. I inferred

that said student made the mistake of trying to write a treatise on "specific indications" for the perusal of a man not versed in the fundamental principles of that science; consequently he was unable to appreciate the laborious effort. Another learned gentleman, who stands upon the same empirical platform with respect to medicine, expressed the opinion, based on practice, that morphine is the one single drug of greatest importance.

I am glad to give you this important decision on an important drug by an important gentleman. But thanks to the unremitting and loyal workers in the Homeopathic and Eclectic ranks we are not obliged, even in these days of drug nihilism, to swallow such a decision. Let us invoke the referendum and recall this pernicious decision, which we well know is shared, not alone by one man, but by thousands in the dominant school of medicine.

Brethren, the fact remains that the chemical house is correct—search will be made for other remedies to take the place of morphine. Shall we stand idly by and allow this crying need to be filled by the pharmacist with substitutes which are nearly, if not quite, as pernicious as the drug itself? I should say not unless we want to lose the opportunity of a century. Our time has arrived—the psychological moment to forge ahead with the most definite and rational system of medicine ever devised. The ultimate result would be the emancipation of the "deer peepul" from drug empiricism and nauseating mixtures on the one hand and fanatical or hysterical disbelief on the other hand.

In emphasizing the importance of vegetable drug therapy we should not overlook or underrate the good work that is being done in the line of animal and serum-therapy; yet its most enthusiastic and exclusive followers must acknowledge that much of this work is still in the experimental stage, as evidenced by the fact that many products originally hailed as positive remedies or tests are now in the discard, or at best only retained as one of the possibly useful agents in obscure cases, depending upon other and often older means for positive results. Nevertheless, it is my belief that all physicians, of whatever cast, should be open-minded enough to accept and make use of any such product when it becomes once established that it is superior to all other known means of treatment in given cases, as is the case with a few.

In the meantime the light is breaking through the dense bank of fog and many broad-minded physicians without the pale of Eclecticism are feeling the influence of the benign rays emanating from such shining examples as Echafolta, Hypodermic Lobelia, Ipecac, etc. Let the good work go on and let us hide not our light under a bushel.

A PUZZLING CASE

Dr. V. Millasich, Galveston, Tex.

On March 2nd, 1915, I was called in a hurry to the house of Mr. Charles W., stating that his wife was very sick. I went there immediately, and on my arrival I found the woman with sharp and lancinating pains, most at the umbilicus, and radiating all over the abdomen, but most especially towards McBurney's point. It was impossible to make any abdominal examination on account of parts being so tender and painful. Abdomen was much distended with gas; there was nausea and vomiting, with constipation, accompanied with cephalalgia. Temperature 104 2-10, thirst incessant, patient lying on the back, and right leg partly drawn upward so as to relieve the pelvic tension.

DIAGNOSIS: From general symptoms and patient's posture in bed, I came to the conclusion that there was general peritonitis or probably appendicitis or both. I immediately administered morphine gr. ¼ hypo., and ordered hot turpentine stupes on abdomen, and also hot enema with turpentine, in order to relieve tympanites and to unload the lower bowels. For nausea I gave Spc. Nux and Amigdalus; for thirst small lumps of ice, to be given when needed, and made Px. Spc. Veratrum, Bryonia, Asclepias, Belladonna and Echinacea. I also gave Calomel gr. 1½, Podophyllin gr. 1 1-3, Capsic Resin gr. 1-7, to be given in two doses at one hour interval, and to follow it with Mg. Sulph. Saturat solution, one ounce, three hours afterwards, and I left few morphine granules of gr. 1-64 to be given during the night if needed. By next morning patient was much better, temperature 101½; during the night patient made several stools which were very offensive.

Tympanites was much relieved, thirst abated, nausea and vomiting disappeared and cephalagia ceased, an dpain cut by more than half. I ordered fomentation to be continued and medicine also, only further apart. Diet milk and broth, and warm water and turpentine enema at noontime, and I departed.

March 3rd in the evening I found patient had improved and pain abated, abdomen more soft and tympanitis diminished, and patient lying almost comfortable in horizontal position and temperature 101. I ordered same medicine to be continued and turpentine stupes and one enema at 7 p. m. and departed.

March 4th in the morning I found patient passed a fair night, having slept about five and a half hours in two different times, and rested well. Temperature 100 4-10. I ordered the same medicine to be continued, fomentation on abdomen also to

be continued and diet liquid, and then departed. Evening of the same day temperature 100; patient passed a good day but for some slight pain at right ovarian region. I ordered fomentation continued and medicine changed; made ℞ Spc. Aconite, Bryonia, Belladonna and Echinacea. Diet semi-liquid and also Potash and Sod. Tartras in dram doses every four hours, for its laxative refrigerant and febrifuge action, and departed.

March 5th in the morning I found patient much improved and slept most all night, but very slight temperature, 99 2-10, and some hungry. I ordered fomentaion continued and enema discontinued and medicine further apart. Diet semi-liquid and departed.

March 6th in the morning I found the lady doing well; no pain, no fever, tympanitis disappeared and slept all night. I suspended fomentation and fever mixture, but continued Potash and Sod. Tartras one dram b. i. d.

March 7th I called in the morning. Found the patient sitting by the stove and said that there was no use of lying in bed any longer, because she felt well completely.

March 8th I called at the noon hour and found her sitting on a chair by the fire, feeling well, no fever or any other symptoms except for slight pain in lower right hypogastrium. Appetite good, resting easy and doing embroidery work.

March 10th in the morning I called. I found the lady well and discharged the case. Her husband paid my bill, so we were all happy.

March 10th, the same evening, I received a hurry call from the house of Mr. W., and when I arrived there found the woman suffering and in great pain, which was radiating from right lumbar region, or the right kidney, downward and forward and across the abdomen and to the lower and middle hypogastrium, and also down the leg of the same side. The pain was sickening sharp and somewhat intermittent and cutting in character, same as it would be in descending of stone from the pelvis of the kidney. Dysuria was continuous and persistent. Patient wanting to urinate continuously, but urine was very scanty. By pain and position of the patient and its symptoms it was plain diagnosis of Nephrolithiasis or stone descending through ureter towards the bladder.

I ordered hot towels to the side and abdomen, and gave internally Gelsemium, Eryngium and Staphisagria. I continued treatment that way with some little variation, and watching for stone and gravel or both, by collecting the urine in a vessel, but none was there. In about two days pain from kidney region to about upper part of hypogastrium subsided entirely, but in the middle of the hypogastric region pain continued and probably

more intense than ever, and especially upon urination. It was accompanied by constant dysuria and tenesmus. I now saw that the case was well complicated, and suspecting of stone lodged in the bladder, and possibly some more coming from above, I came to the conclusion that I must call a consultation, to which man and wife readily consented. I called a regular physician (no Eclectic here except me). When he arrived I explained to him the case, and we also came to the conclusion that there was a stone in the bladder, and possibly some descending, and at the same time he made bimanual examination abdominal and per vagina and he discovered a mass in the right ovarian region, which he got me to examine also, which felt very suspicious. By consent of the husband and lady we took her to the hospital for a cystoscopic examination for stone in the bladder. Upon examination we found that there wasn't any stone of any form there. We then explored the right ureter up to the kidney and found no stone of any form. We came to the conclusion that there must be some old ovarian or appendicular trouble, or possibly both, or a deep pelvic abscess. We explained to the husband and wife that we must make (by her consent) an exploratory incision in middle hypogastrium and see what was the mass in the part. After some short parley husband and wife both consented. We then ordered the woman to be prepared for operation.

Next day we performed a laparotomy and there we discovered on the right ovary one cyst, size of a man's fist, with some adhesion to the surrounding parts.

The doctor proceeded to break the adhesion and extricate the cyst by gradually working on its pedicle, when suddenly pus broke forth from under it, which must have been some old pyo salphinx. Doctor sponged the pus as fast as it came and dried the cavity as best he could, then clamping the ovarian artery and broad ligament, and ligating uterine artery, excised both ovary and tube of that side. Suturing the parts to one another and ligating, the broad ligament in groups, stopping the oozing of the blood in the parts, and placing a rubber drainage tube deep in the pelvic cavity, and suturing the abdominal wound secundum artem, then anchoring the tube to the skin. Woman made an uneventual recover y,but a tedious one, due to some infection of the parts which was caused by bursting of the pyo salphinx. Rubber tube was taken out little by little and in about twenty-five days the wound healed up nicely.

I will also say that we didn't take the appendix out, neither did we look at it to see if it was diseased, and if it happens to be so, then another operation at some future time will do the rest.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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OUR SAN FRANCISCO MEETINGS

The annual meeting of the National Eclectic Medical Association was held in San Francisco the week beginning June 15. The attendance was satisfactory and the papers were good. The afternoons and evenings were devoted to sightseeing and recreation. Many of the delegates embraced the opportunity and enjoyed the Exposition during every available hour. Thursday evening a banquet was given by the California Eclectic Medical Society in honor of the delegates to the National. There was an abundance of good things to eat and drink, which when taken season a dash of wit and wisdom, comprised a repast enjoyed by all who could arrange to be present and regretted by those of necessity absent.

The next meeting of the National Association will be held at Cedar Point, Ohio, and the officers for the ensuing year are:

President, T. D. Adlerman, M. D., 910 St. John's Place, Brooklyn, N. Y.

First Vice President, F. M. Andrus, M. D., 114 N. Thirteenth Street, Lincoln, Neb.

Second Vice President, Theo. Snypp, M. D., East Auburn.

Third Vice President, A. J. Atkins, M. D., 714 Pine Street, San Francisco, Cal.

Recording Secretary, W. P. Best, M. D., 2218 E. Tenth Street, Indianapolis, Ind.

Corresponding Secretary, W. N. Mundy, M. D., Forest, O.

Treasurer, E. G. Sharp, M. D., Guthrie, Okla.

The next meeting of the California Society will be held in San Francisco, and the officers for the ensuing year are:

President, Chas. Clark, M. D., Pacific Bldg., San Francisco.

First Vice President, W. D. Coates, M. D., Cedarville.

Second Vice President, Theo. Snypp, M. D., East Auburn.

Recording Secretary, H. Ford Scudder, M. D., 337½ S. Hill Street, Los Angeles.

Corresponding Secretary, H. C. Smith, M. D., Glendale.

Treasurer, J. A. Munk, M. D., 337½ S. Hill Street, Los Angeles.

OUR NEW MEDICAL LAW

A new medical law has been born in the State of California.

The accouchement was under the direct charge of the Board of Medical Examiners, and as the old law was reasonably satisfactory to them, no very radical changes should be expected. The legal phraseology has been altered somewhat in certain places, apparently with the intention of stating more explicitly the intent of the law. Considered in its entirety, it is more homogeneous than the old law.

The changes likely to be of interest to the practitioner are few, but we note the following: Authority is given to license chiropodists upon examination and proof of a specified course of study. Authority is given to publish as well as compile an official directory. Authority is given to enter into contracts with other states in regard to reciprocity; also the prosecution of illegal practitioners is more definitely set forth.

Those interested in the text of this law may obtain a copy from the State Printer at Sacramento. The title is Senate Bill No. 443.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June 14-18, 1915. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; K. E. Seeburger, M. D., Los Angeles.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The Los Angeles County Eclectic Medical Society held its regular monthly meeting Tuesday, June 1st, at the College Assembly Hall.

Roll call registered eight members and three visitors present.

Following roll call was the reading of the minutes of the previous meeting, which passed approved.

Motion was then made and carried to the effect that the Los Angeles County Eclectic Medical Society cancel its indebtedness to the Southern California Eclectic Medical Association in the sum of $12.50 by instructing the secretary to pay same.

The paper of the evening, which was to have been read by Dr. F. L. Willson, not having been prepared, left the period open for volunteer discussions. However, all present being of one accord, that since so distinguished a guest as Prof. Lloyd be present, no more profitable nor pleasant time could be spent than listening to another of his excellent talks, hence all declined, requesting that Prof. Lloyd be kind enough to occupy the available time.

The professor never fails to say something worth while—how could it well be otherwise, when gleaned from out the richness and fullness of his well spent, useful and hence successful life? He emphasized the fact that something may be learned from every one with whom we come in contact and that the every-day worries of life become but trivial if we but remember to count our "many blessings."

Professor Bailey was invited to prepare the paper for the following meeting.

Motion to adjourn to the next regular meeting, to be held July 6th, carried.

DR. O. C. WELBOURN, President.

DR. K. E. SEEBURGER, Secretary and Treasurer.

ANOTHER CANCER "TREATMENT"

There was recently published in the New York Medical Journal (May 15th), and immediately and enthusiastically heralded in the lay press, the account of a new "Treatment for Inoperable Cancer." This "treatment" is given out by S. P. Beebe, M. D., professor of experimental therapeutics, Cornell University.

"The method in question is not original with the writer. During the last year certain modifications and possible improvements have been made, but the fundamental idea and the composition of the therapeutic agent were originated by Alexander Horowitz, Ph. D., an Austrian biologist and chemist.

* * * "As administered by Dr. Horowitz, the treatment consisted of the repeated application of a poultice to the affected parts and the administration internally in the form of an extract, either as a liquid or as a pill, of certain substances contained in the poultice itself. * * *

* * * "The powder from which the poultice is made contains a considerable number of substances of plant origin. Seeds, roots, bark and flowers taken from a number of different plants are prepared in the form of a powder, from which Dr. Horowitz made a poultice. The powder contains the following substances: Menyanthes trifoliata, Melilotus officinalis, Mentha crispa, Brassica alba, Anemone hepatica, Viola tricolor, Anthemis, Fructus colocynthidis, Lignum quassiae, Urtica dioica, Radix rhei, Hedge hyssop."

Beebe refrains from telling why the Austrian biologist and chemist selected just this particular lot of "herbs" and spurned the ruddy tomato, the fragrant onion and the luscious squash. And with admirable restraint Beebe also resisted the no doubt great temptation to tell how the plant agencies are prepared and in what proportion they are mixed.

"Brief directions and precautions for the safeguarding and use of this treatment may be of interest," he says, and then he solemnly proceeds to announce that "a poultice is prepared for application by the usual methods. The powder is mixed with a small quantity of boiling water sufficient to make a thick paste; this is spread upon gauze, covered by one layer of gauze and applied to the affected part in the same way as one would apply a mustard plaster. The skin must be first covered with a layer of petrolatum. * * *"

The profession, for whose benefit, of course, the article was written, will be grateful for the warning that this particular poultice must be prepared and applied just like any other poul-

tice; and, after receiving this abundant information, he would be presumptuous, indeed, who wanted to know what's in the poultice.

In addition to the pills and the paste, Beebe has employed "this therapeutic agent" by injection directly into the tumor mass, to produce in its depths an intense reaction. Believing that the general improvement of the patient seems to be "somewhat greater" than might be expected from the application of a local irritant or the cleaning up of superficial infection, Beebe inclines to the belief that "this therapeutic agent" produces beneficial constitutional effects. He has therefore employed it in hypodermatic injections at a distance from the neoplasm. Although he refers to "fairly definite responses in the growth" from these distant injections, it is astonishing that a professor of experimental therapeutics should draw any conclusions from this in cases every one of which also received injections into the tumor and, incidentally, most of which were also treated by radiotheraphy. Beebe refers, cautiously, to the possible use of the plant substance mixture intravenously and mentions its trial upon a dog without causing marked disturbance to the circulation or to the excretory organs.

As Beebe says, it is quite justifiable in the conduct of cancer therapy research to make trials of empirical remedies; but it is amazing that a professor in one of our leading medical schools should publish, as a result of his observations of such an empirical method, a wholly unscientific, even though only preliminary, report based on results by no means convincing and, many of them, quite unsatisfactory.

Since he publishes not a cancer cure, but merely "a treatment" of inoperable cancer, we pass over, though reluctantly, the fact that in his case reports he gives no dates and but scant records of the periods of observation. These cases, which Beebe selects from among others (total number not stated) as "fairly representative" of his results, are sixteen in number, divided into three groups.

The first group is of three private cases of superficial skin cancers—two rodent ulcers of the forehead and one epithelioma of the temple. All were healed by applications of the poultice, a result which, as Beebe admits, and as the histories of the cases suggest, might have been obtained by other methods, "such as radium, X-ray and various forms of escharotic paste."

The second group is of seven "hopelessly incurable and inoperable" cases at the General Memorial Hospital. Of these seven cases five died under treatment and the other two refused

to eontinu it. Of these two, one was greatly relieved generally and loeally by th breaking down of the mass and the surgical evaeuation of the detritus, the neek sinuses healing but not the growth in the floor of the mouth. Of the five who died, two had been ameliorated by the shrinkage of the growth. All of these patients had X-ray treatment also.

The third group of six eases, treated with the assistanee of Dr. J. Wallaee Beveridge, in the Polyelinie Hospital, Beebe considers interesting because, he says, they were treated entirely by hypodrmatie injection of the extraet.

He must have meant injeetions with a hypodermatic syringe, for every one of these eases had many injections into the tumor mass. None of these eases had eoincident X-ray treatment, however. Following aer these six cases:

Reeurrent ealloid eareinoma of the rectum. During six weeks' stay in the hospital sixteen injeetions into the tumor mass. Large broken down masses were diseharged, with great relief of loeal symptoms and freedom from pain. "After leaving the hospital the patient had a few injeetions into the arm, and he eontinued to gain in weight and strength."

Reeurrent hypernephroma of loin, growing rapidly. Twenty-two injeetions into the tumor, which broke down and diseharged. After leaving hospital, injeetion of extraet in the arm every second or third day (period not stated); he "eontinued to gain in weight and strength, and the tumor mass was practically entirely gone."

Recurrent eareinoma after breast amputation. Mass three inehes in diameter in scar. X-ray treatment a short time prior to admission. Injeetion into mass and in arm. Mass broke down and diseharged, eomplete healing, subsidence of edema of arm.

Three small skin nodules and one auxiliary gland, recurrenees after amputation of male breast. Four injections into the nodules and the gland. Absorption and disappearanees.

Large eareinoma of the bladder. Injeetions only into the tumor through a suprapubie opening. Supression of urine. Death.

Epithelioma of floor of mouth and glandular extension. Injeetions into glands and into arm and poultiees. Still under treatment. Pain now very little, mouth clean, lymph nodes almost absorbed, gained thirteen pounds, looks and feels mueh stronger.

This third group makes a much better showing than the second, although it demonstrates no peeuliar therapeutie virtue in the plant mixture.

Of the sixteen eases, three were epitheliomata, all healed—whieh might have been aecomplished by other eseharoties. Of the remaining thirteen eases, six died under treatment, two having been temporarily relieved loeally. Of the seven others who survived the treatment, two refused to eontinue it, but one of these was mueh relieved, although still far from cured. Among the remaining five who were ameliorated by the shrinkage or, in two eases, the disappearanee of the growth, in only one was the disappearanee by absorption without external discharge, and in that one the nodules, and gland, whieh were not examined, were quite small and "exeept for the fact that the areas were already a mass of sear tissue the reeurrent nodules might have been removed by operation."

Saye Beebe:

"If an aetual diminution and regression in the bulk of malignant tissue is taken as a eriterion by whieh to judge of the effeet of this remedy, it is the writer's opinion that the evidenee presented ean lead to but one eonelusion."

There will, indeed, be but one eonelusion, and he will then be eonvineed that "diminution and regression in the bulk of malignant tissue" is not a eriterion by whieh to judge the effeet of a eaneer remedy. Sueh a loeal neerotizing aetion—and there is no aeeeptable evidenee produeed that the "seeds, roots, bark and flowers" used by Beebe have any other aetion—has been produeed, with quite as good results, by other ageneies seleeted with far more seientifie rationale than this queer garden eompound.

The Horowitz herbs will go the way of all the rest of these ageneies. If the hortieultural effusion had appeared only in the medieal press it would have died a peaeeful death in the bosom of the profession.

The Journal, at any rate, would have passed it by merely as unfortunate for the seientifie dignity of the medieal sehool and the hospitals from whieh it eame, and with the silent observation that Beebe's eaneer studies had again led him into undue enthusiasm. But, unfortunately—and Beebe's article shows that he feared it—the new "treatment" found publieation also in a daily and in a Sunday magazine issue of at least one prominent newspaper. The result will be, probably already has been, the pilgrimage of unfortunate sufferers for the eure that will not be fortheoming. While this lasts, of eourse, those who have been thus unexpeetedly advertised will profit by the publieity.—W. M. B., in Ameriean Journal of Surgery.

THE USELESSNESS OF OPENING WINDOWS

The simplest and most effective way to ventilate a room, in the opinion of most of us, is to open windows. But now comes Dr. James Frederick Rogers, of New Haven, Conn., and tells us calmly that open windows do not ventilate. A stream of fresh air, to be sure, may flow in through such an aperture, but it mixes little with the stale air of the room, and may flow out again almost as pure as when it entered, leaving most of the cubic contents of the room in as bad a condition as before. This is so true that one may breathe bad air even out of doors, provided he is in a somewhat sheltered position. The products of respiration remain in his vicinity unless removed by a breeze. Apparently, one must live in a wind if he wants his air perfectly pure. Writes Dr. Rogers in The Medical Times (New York, August):

"Our ancestors of a century ago were little troubled by the nightmare of fresh air. They closed their windows, drew the curtains of their couches closely, and dropped off to sleep, untroubled by dreams of being smothered by carbon dioxide, or of waking up dead from the effect of poisonous organic matters in the breath, from superheating, or from overhumidity. If these happy beings were wrong in their ideas, it must be said that they were at least consistent in their conduct. They practiced as they preached.

"On the contrary, we of this very scientific generation are forever talking ventilation, though we do not usually ventilate. We are spending mints of money in trying to discover the cause of the ill-effects of bad air, and we worry over these problems in rooms where the standard for pure air, as set down by those in conference, is utterly disregarded. We have even, of late become so disheartened over the problem that we have attempted to abandon the matter altogether by taking the sides or windows out of our rooms, leaving them open to the winds of heaven. In doing so, the problem seems to disappear, for ventilation apparently pertains altogether to life within four walls.

"The fact that, although it seems to do away with ventilation, we do not all take the walls out of our houses or carry on our daily work in the open air, speaks for our inherent good sense that it is better to make the most of impure air than to waste our energies in fighting cold and running the risk of the many infections to which cold renders us liable. Though bad ventilation is often due to false economy, yet we instinctively recognize that it is more economical to sit in warm, if ill-ven-

tilated, rooms than in those thrown open to the blasts of winter.

"Open-air schools are undoubtedly a good thing for certain classes of children, but we have not as yet, so far as the writer knows, had any comparison with the effects upon children of a well-ventilated school room conducted in the same way. The name 'open-air school' is misleading, for the difference between this and an ordinary school is not by any means simply one of the character of the air; the giving of extra meals, the periods of rest and sleep, the superior opportunity for bodily exercise, the abundance of light, are not found in the ordinary school, and have as much, if not more, effect than the purity and temperature of the air; last, but not least, there is a different psychical atmosphere produced by the new and novel surroundings, by teachers chosen for the purpose, each striving enthusiastically to make the most of the new arrangement; finally, the pupils are of a class not likely to badger the teacher, and so bring about reflexly a general lowering of the mental atmosphere of the school. Under such conditions both physical and mental progress ought to be accelerated."

The curious fact, which Dr. Rogers names "the inadequacy of open doors or open windows in changing the air of a room," was discovered by him in the course of recent tests of air in public buildings, described in the course of the present paper. He found the air "usually bad, and often very bad." In one school room, where the subject of ventilation was being discussed and the pupils were taught that the limit of carbon dioxide was seven parts per ten thousand, Dr. Rogers' tests actually found twelve parts. Opening windows improved matters little, except directly in the path of the draft. The content of dioxide might be as low as seven in the breeze, while at one side it kept steadily at twelve to fourteen. Here is an instance.

"In a room at 3:45 three large windows were raised the full height of the sash; there was a strong breeze blowing toward that side of the building, and it swept through the room so as to be felt distinctly in the hall, and with a force sufficient to carry some small papers from the teacher's desk. The windows were closed after a ten-minute gymnastic lesson, and at this time a test taken in a corner, out of the line of draft, showed the air in that vicinity still contained at least nine parts of carbon dioxide. I do not know what it contained previous to this open-window period, but the principal told me that this teacher was always in poor health and kept the room closed. The striking thing about this instance is the lack of real ven-

tilation produced in ten minutes by wide-open windows and a strong breeze.

"The St. John's River, Florida, is dark in color, but the Blue River empties into it, and can easily be distinguished from the general stream for miles by its color. Gases act in much the same way, though of course they diffuse more rapidly, and the stream of pure air in this case flowed through the room without immediately affecting the surrounding stagnant air."

This is only one of many illustrations given by Dr. Rogers. To quote again:

"Without giving details of further tests, suffice it to say that the results were similar; and always there was found a lack of what is considered by all hygienists good ventilation, even the conditions were such as we usually think quite sufficient to renew the air rapidly.

"The recently published experiments of Thomas Crowder are of interest in connection with these tests. He has shown that with good ventilation we rebreathe anywhere from 1 to 40 per cent of the air we have just expired.

"In a bedroom of ordinary size, containing 1,200 cubic feet of pure air, the air rebreathed, no matter what the temperature, contained an average of 14 parts of carbon dioxide. With a person lying in bed with the side of the face resting on the pillow, the air taken in showed an average of 23 parts carbon dioxide, or 4 per cent of the expired air. He attributes the increase in this position to the tendency of gases to cling to surfaces, a fact which helps to explain some of the findings in my own tests. The introduction of air into the room at the rate of 28,000 cubic feet per hour lowered the amount of carbon dioxide rebreathed comparatively little, and with quite a perceptible breeze from an electric fan blowing upon the head, there continued to be from 11 to 15 parts of carbon dioxide taken in, with the person in bed.

"In order to do away with rebreathing, the enormous amount of 300,000 cubic feet of air per hour had to be introduced, or 100 times as much as is sufficient to keep the air, in general, pure.

"Out of doors, when the person was at all sheltered, the proportion of expired air rebreathed was nearly as high as before. To quote Crowder's words: 'One does not necessarily breathe pure air because he is out of doors; he is not at all likely to do so under the ordinary conditions of sleeping tents, tent houses, or half-open porches, such as are used for therapeutic or hygienic purposes.'"

Dr. Rogers cites with approval the system employed in the Y. M. C. A. training school at Springfield, Mass., where rceent tests seem to demonstrate the effieaey of using the same air over and over again, withdrawing it to be cleansed by washing. The effect of Dr. Rogers' paper is to eonfirm the doubts felt by most persons regarding our present knowledge of the real principles, aims, and results of what is usually ealled "ventilation."—The Literary Digest.

NEWS ITEMS

Dr. O. C. Welbourn attended the National in San Franeiseo and spent the preeeding week visiting the Fair.

Dr. I. J. Woodin, Independenee, spent two weeks in Los Angeles during June, when he eombined professional business and pleasure.

Dr. J. A. Munk and Dr. and Mrs. J. F. Barbriek have returned from the National. The trip was made by automobile. Dr. H. Ford Seudder made the return trip with the party.

Dr. and Mrs. H. C. Smith and friends have returned from the National and the Fair. They went by automobile and had an enjoyable trip.

Drs. Adlerman, Best, Mundy, Staegger, Disein and Mr. Adlerman eomprised a speeial party whieh laid over for a Sunday on the way from San Franciseo to San Diego.

Among those, at the National, from Southern California we noted Dr. Hoffman of San Diego, Dr. Turner of Pomona, and Drs. Munk, Barbrick, Seudder, Cox, Smith, Baird, Young, Roath, Caryl and Shastri from Los Angeles.

Dr. Blanehe Bolton of San Pedro has gone on her annual vacation. She expeets to find a plaee that is hotter than this before she returns.

Dr. E. H. Stevenson of Ft. Smith, Ark., stopped over en route from the meeting of the National in San Franeiseo. He expeets to visit a daughter in San Diego before returning. Southern California is a favorite vaeation plaee for Dr. Stevenson.

Dr. E. G. Sharp of Oklahoma and his brother, Dr. Sharp of Kansas made the trip overland in their automobile following the old Santa Fe trail. They enjoyed the trip very mueh and expeet to return by one of the Northern routes after attending the National meeting.

Prof. John Uri Lloyd of Cineinnati, who eame to deliver the address at the eommeneement of the California Eelectic Medieal College, attended the National in San Franeiseo and has now returned to his home.

Dr. E. R. Petskey is in Los Angeles, having come from Durango, Mexico. The trip was made necessary at this time, beeause of an infected finger which has been causing the doctor much pain.

Dr. H. V. Brown attended the meeting of the Medical Board of Examiners in San Francisco in June, and also attended the National. The next meeting of the Board will be in Los Angeles, July 13, 1915.

Dr. and Mrs. H. T. Cox and Dr. and Mrs. A. P. Baird drove to the National. The wedding of Dr. and Mrs. Baird occurred a few days before the trip. The Journal congratulates. The party had a narrow escape when the steering gear broke on a mountain grade.

The Hahnemann College of San Francisco will become a part of the State University. It is planned to graduate the students who were in the college during the past year, which means that the Hahnemann College will not go out of existence for three years. The students of medicine in the University will pursue the same studies, with the exception of Materia Medica and Therapeutics, in which studies they may elect either the Regular or Homeopathic.

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THERAPY OF NERVOUS HEADACHES

The advantages of Pasadyne (Daniel), the concentrated tineture of Passiflora Inearnate, as a means of relief in headaehes of a nervous type, are so marked that it seems to warrant the distinction of being put in a class by itself. In this condition, Pasadyne (Daniel) not onl ysoothes the cephalalgia, but also exerts a potent force on the uervous element so noticeable in these cases. It may be given to women and children without causing unpleasant symptoms, oftentimes a feature of other agents. It has no eoneern with the Harrison Act. A sample bottle for trial may be had by addressing the laboratory of John D. Laniel, Atlanta, Ga.

READING NOTICES

CLUB RATES

The various Electic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	$1.00	$ .90
California Eclectic Med. Journal, 819 Security Bldg., Los Angeles	1.00	.90
Eclectic Medical Journal, 630 W. 6th., Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90

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MIKULICZ'S DISEASE

View of Involved Submaxilary and Sublingual Glands

View of Involved Post-Auricular Glands

The California Eclectic Medical Journal

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Original Contributions

MIKULICZ'S DISEASE

Clinical Report of a Case with Presentation of the Patient

J. Fraser Barbrick, M.D.

(Read before Southern California Eclectc Medical Association)

While a rare or infrequent disease has not the practical value to the general practitioner of the more common conditions, I think the one I will present to you today will interest you from a practical as well as a scientific standpoint. Many of you know the patient, but to those who do not, I will introduce Dr. H. L. Freedman of Los Angeles.

History: Leaving out unnecessary details, the history of the case is as follows: Family history negative; personal history good; no bad habits; does not drink or smoke. No specific disease. General health always good. Present health good. Age, fifty-one. Weight, 172 pounds. Wasserman negative. Blood findings normal. Physical examination: Heart and lungs, etc., negative. Inspection shows a bilateral enlargement in the infra-mandibular and upper cervical regions extending from the lobe of the right ear to over the Mastoid process of the left side. The masses have a firm, somewhat elastic feel; are nodular or rather lobulated, and numerous scars show where incisions have been made in the various operations the patient has undergone. The doctor states that he noticed the enlargement first over the left Mastoid in 1885 after a slight injury. It was painless and gave no discomfort, but gradually extended downward under the lobe of the left ear and forward under the angle of the jaw on the left side and increased in size until its presence became more or less embarrassing and led him to seek relief by having it removed. This was done by Guerstner at the Mount Sinai Hospital, New York City, in 1892. Up until then only one side seemed to be affected, but

from that time on, both sides gave more or less evidence of trouble, the enlargements increasing and decreasing from time to time without any obvious reason for the exacerbations and remissions. The next thing noticed was a lack of the salivary secretions and a consequent dryness of the mouth with an extension of the swelling to the parotid regions, and as the Doctor had now taken up the study of medicine, he sought the advice of his professors and was next operated on by Hipp, of Chicago who, in 1902 removed the left submaxillary gland. Later in 1906 and 1907 Dr. John Dill Robertson, then Professor of Surgery in Bennett Medical College, Eclectic at that time, removed the submaxillary gland of the right side and the sublingual gland of the left side. These more radical and extensive operations than the preceding ones were followed by a more or less quiescent stage, and for over seven years the Doctor gave the disease little thought, attention or treatment. The winter of of 1914 brought quite a violent and prolonged exacerbation of the ailment, the enlargement on the right side now becoming very pronounced and speech and facial and tongue movement being noticeably impaired. In August, 1914, he went to Rochester, Minnesota, where Dr. Chas. Mayo operated on the right side, removing a large lobulated mass through an excision extending from under the lobe of the right ear to the location of the sublingual gland of the left side, at the same time treating the left side while there with X-ray and radium. The operated right side was greatly improved, but the left seemed uninfluenced by the probably too short period of X-ray and radium treatment. The first of this year, as speech and mouth and tongue movements again showed signs of impairment on account of enlargements on the left side, the Doctor persuaded me to try my hand on him, and I operated on the left side the 24th day of January, 1915, removing a mass three and a half by two and a half by three-quarters inches, extending from beneath the parotid gland to the angle of the mouth. While this operation did not add to the Doctor's appearance, it did influence quite favorably speech and lip, face and tongue movements and withal has had a satisfactory influence on the condition. In addition to these surgical measures the Doctor has tried internal medicine, but without results.

Diagnosis and Prognosis: So much for the history and treatment of the case. Now for the diagnosis. At first sight this might seem easy, as it is self-evident by the clinical findings that we have here a glandular enlargement of a chronic non-inflammatory and benign character. But careful analysis

of the case shows that it is not one of ordinary enlargement of the glands of these regions, nor does it have the form, feel, appearance, location or action of the ordinary benign tumors with which we are familiar. Therefore, to help you, I will give you the following brief data and we will see how nearly the case before us compares with Mikulicz's Disease and whether we are justified in classing it as an example of that ailment.

In 1888 and 1892 Mikulicz or more properly, Von Mikulicz, a Polish surgeon in Breslau, described a condition of chronic bilateral enlargement of the lachrymal and salivary glands occurring without obvious cause in a previous healthy man of forty-seven. Since then others have reported cases bearing more or less similarity to the original Mikulicz case, all having at least the characteristic peculiarity of a bilateral enlargement of the salivary and lachrymal glands, occurring together or separate, and painless. Mikulicz's typical case, so far as we know, showed these glandular enlargements without involvement of the lymph glands and without blood changes. But other cases have been reported not strictly conforming to the original type, and therefrom has arisen the so-called Mikulicz' syndrome which covers all stages, gradiations and modifications and, we might say, includes all the mixed and complicated cases between the strict type and such diseases as leukaemia and lympho-sarcoma. Campbell-Howard (with probably Lintz as a good second) has perhaps given us the most exhaustive work on this subject, and he classifies the syndrome as follows:

1. Mikulicz's Disease Proper strict type);
2. Mikulicz's Disease with Pseudo-Leukaemia;
3. Mikulicz's Disease with Leukaemia.

In the first group he places all cases of the strict type, that is, cases with enlarged special glands, but without blood or lymphatic changes, and running a chronic benign and non-inflammatory course.

To the second group he adds those showing involvement of the lymph glands and often of the spleen, but without blood changes except perhaps some lessening of the hemoglobin. While the majority of cases in this group also run a benign course, a fatal termination may occur, or such cases may pass into group number three, in which he places all cases showing in addition to the typical glandular enlargements, a true leukaemic blood picture, with its corresponding unfavorable prognosis both as to course and termination.

From the foregoing I think we can safely class Dr. Freed-

man's case as belonging to the Mikulicz category, even though in some respects it may depart from the strict type of the disease; and from the history, clinical symptoms and blood findings it can surely be placed in the aleukaemic group, with a corresponding good prognosis.

Etiology and Pathology: While the etiology of this peculiar condition is as yet not definitely known, the pathology has been pretty clearly demonstrated as that of a hyperplasia of the glands in consequence of an infiltration and replacement of the normal gland structures by lymphoid tissue, this again being slowly replaced by a low form of connective tissue. Dr. T. C. Young, Professor of Pathology in the California Eclectic College, gives briefly the pathology of the specimen submitted to him for examination as "a destruction of the normal glandular and connective tissue, its replacement by scar or cicatricial tissue with a proliferation in this of embryonal and adult lymphatic tissue." Whether the process followed Minelli's view of a primary proliferation of the normal lymphatic cells of the parts, their gradual replacement by connective tissue, with a later mechanical destruction of normal glandular tissue, he was unable to say.

Treatment: The treatment of these cases has thus far, at least in Dr. Freedman's case, been brilliantly unsuccessful. According to the pathology the disease should be self-limited through increase of connective tissue, and such will probably be the eventual outcome in this case if the Doctor will stop whittling at it and give it a chance. While internal medication should always be tried, and may succeed in an occasional case even of unknown origin, its chances of success are of course better in cases where the history points to a probable or definite cause, such as Syphilis, Tuberculosis, Bacterial infection, etc., in which event the specific treatment for the cause is indicated. The following remedies have been tried in this case: Phytolacca, Lappa, Echinacea, Potassium Iodide, Mercury and Arsenic. There are other remedies that might be thought of by an Eclectic and should be faithfully tried if the opportunity presents. However, in my opinion, the only rational treatment is surgical, and that is only indicated in the true type and aleukaemic variety, and should be confined to simple excision of the tumor masses for the relief of pressure symptoms or of impaired functions of contiguous organs.

CHEMISTRY IN PRACTICE

Wm. Carey Bailey, M. D., Los Angeles

(Read before the Los Angeles County Eclectic Medical Society.)

There is a tendency on the part of the average physician, as soon as he enters the active practice, to "kick down the ladder by which he did ascend," and to neglect, as non-essential those more or less abstract sciences which were very essential to his education. Especially is this true of chemistry, and more emphatically the so-called abstract principles of chemistry.

Possibly a few more than half of the practicing physicians today make their own urinalyses, a few less can analyze the stomach contents, but how few there are who can analyze the various foods on which the babies are failing to thrive, or know the reason why they administer any remedy, except that it has been successful in the hands of some brother physician. Such practice instead of being according to "indication" on which a good Eclectic relies, is as empirial as "following the precedents" which has so long been the arbitrary routine of the "old school."

This neglect of fundamentals has even invaded the sacred precincts of those who determine the course of study necessary to obtain the right to practice, and they have for years decreed that only a small portion of the entire course shall be spent in the study of elementary and inorganic chemistry, and the major portion to organic chemistry and superficial investigation of the highly complex compounds and processes which but few can undertake and still fewer understand. As well expect a great mathematician to be ground out by a few months study of addition, subtraction, division and multiplication, and several years playing with trigonometry and occasional playing with logarithms.

In the two years' course in medical chemistry, one full year should be devoted to elementary and inorganic chemistry, and during the second year fully one-half of the time should be spent in studying the principles of organic chemistry before complex analyses is undertaken or toxicology even touched. Laboratory work should accompany the entire course and the fundamental principles reviewed constantly during the advanced studies. A student who has followed such an outline faithfully will be able to undertake any necessary analysis that may come before him whether or no, he has ever made the identical experiment.

It is as fully the duty of the physician to maintain health as it is to restore it, and unless he understands the fundamental principles of life and health which are chemical, he cannot grasp the significance of the remedies with which he attempts to restore health or prolong life. It has been the intelligent recognition of these principles which has led to the development of the Eclectic School with its rational system of medication as contrasted to the drastic drugging and mineralization of only a few years ago.

An Oriental sage, before the days of Hippocrates, said: "Help Nature and work on with her ,and she will regard thee as one of her Creators, and will lay bare before thee the secrets of her virgin bosom." Eclecticism has followed this process, and as a result has made more advance in the healing art during the last half century than has been made in all previous history by the devotees of Aesculapius.

Anyone familiar with the history of Eclecticism will readily acknowledge our indebtedness in times past and present to our noted chemists, and we would be at a loss today for the very tools with which to work were it not for the investigations and practical provings of such as Scudder and Lloyd.

Following this practical application of the principles of chemistry, Eclectic remedies today come perfectly under the title of foods, rather than under the head of drugs or poisons. Take the classic definitions and see if this is not the case. "A food is any substance which when taken into the body will yield energy, build tissue, or prevent the destruction of tissue, **without injury to the organism.**" If Eclectic remedies will not fit this definition, it will be hard to find anything which does. "A poison is any substance which if introduced into the organism will impair its functions or produce death by means other than mechanical." By closely analyzing these definitions it will be observed that many substances may be either food or poison according as they are used, and failure to recognize this fact gives the doctor lots of work. But where remedies are properly administered according to the Eclectic system of "indications" they are true "foods" and not drugs or poisons.

Health has been described as the condition in which there is a perfect balance of all the vital forces in the functioning of the organism. It is this same perfect balance of the forces of nature which forever keeps the "universe singing the music of the spheres."

The maintenance of this balance is essentially a chemical process, and it can always be figured eventually on the basis

of the familiar chemical rule of procedure or chemical equation. The substance to be tested plus the reagent equals the proof plus the by-products. So we have the analogus equation: The organism plus food (medicine) equals health (growth) plus the waste. It is by the analysis of this waste that the physician can diagnose the failure of any of the first three members of the equation. Herein comes the great value of chemistry both as an aid to accurate diagnosis, and indicator of proper medication or food.

The upbuilding process of animal life is principally a process of exidation, the waste products, perspiration, expired air, urine, feces, etc. being the products of reduction. The upbuilding of vegetable life is largely a reverse of this process, being the product of reduction, and the waste products being oxidized. Here again is seen the perfect chemical balance of nature, especially when we note the fact that "oxidation and reduction are always coincident and equal." Here is illustrated the necessity of the physician paying more attention to the vegetable life and its bearing upon the health of the community.

When we consider that the upbuilding of the human organism is a process of chemical oxidation, and that ozidation and digestion are practically synonymous terms, and then consider the electro-chemic relation of oxidation, another wide field opens for practical application. As oxidation consists of increasing the electro-negative constituents of a compound with a corresponding decrease of the electro-positive constituents, and reduction being the reverse, an immediate hint is given as to the proper use of electricity as a healing agent. Electro-therapeutics will have a steadily increasing importance if its chemical nature is better understood.

Along this same line the influence of food or medication upon the temperature of the body is interesting as we consider the difference in the speed of oxidation. Decay is **slow** oxidation without the evolution of **appreciable** light and heat; combustion (fire) is **rapid** oxidation with the evolution of appreciable light and heat. Moral: Don't overload the furnace with readily oxidized food or you will have a hot time of it. Fermentation is oxidation of carbo-hydrates aided by the presence of catalytic enzymes; putrefaction is a similar process with proteins or substances containing nitrogen and sometimes sulphur and phosphorus. What a hint is here found when the nose must be used as a diagnosing instrument. What a difference there is between the "sour" odor of the eructations of the youngster who is burning up from too much indulgence

in candy, and the terrific effluvia of ammonia, phosphurreted hydrogen or carbon-disulphi given off after a debauch on high meats, over-ripe eggs, or ancient frijoles.

While oxidation may properly be considered one of the most important of chemical forces to study in relation to health and alimentation there is another one of the very first laws which should not be forgotten in our "advanced learning." The major portion of growth of the organism is the result of metabolism through the oxidation process, yet there is some development and increase by direct absorption or assimilation. To be absorbed the food must be soluble in the fluids (tissues) of the body. How many doctors remember almost the first rule they learned in elementary chemistry that "when by the mixture of any two soluble compounds an insoluble compound can be formed, it will be formed;" and then give an alcoholic stimulant after a feeding of albuminous substance, or apply silver nitrate to a surface on which there is an excess of chlorides. Did any of you ever see the baby almost bust because it had a sour stomach and you gave it an alkaline carbonate, when you should have given lime water or magnesium hydroxid? You would not if you had remembered the early days when you learned that "when by the mixture of any two substances a volatile compound can be formed it generally will be formed, and the process is augmented by the presence of moisture and heat."

Hundreds more of illustrations could be used, but this is sufficient to give a hint of the importance of elementary things and the necessity of the physician remembering the first he ever learned.

Get the fundamental principles of elementary chemistry fixed in your mind and the complex phases of organic chemistry will take care of themselves.

VAGINITIS, COLPITIS OR ELYTRITIS

G. A. Angus, M. D., Omaha, Nebr.

Vaginitis, colpitis or elytritis, is an inflammation of the mucous membrane of the vagina. The mucous membrane of the vagina closely resembles the structure of the skin, having few, if any, submucous glands. It consists of connective tissue surmounted by papillae covered with several layers of squamous epithelium. A longitudinal ridge is formed upon the anterior wall, from which rugae, or folds, like the teeth of a comb, extend upon each side. This formation is less distinct

upon the posterior wall. The central projections are known as the anterior and posterior columns. The former generally terminates below, in a rounded protuberance, called the vaginal tubercle, situated immediately above the meatus urinarius. Sometimes the anterior column is divided by a furrow into two portions. The rugae aid in promoting sexual excitement, and probably contribute to vaginal enlargement during pregnancy. They disappear toward the upper part of the canal. The vagina receives its vascular supply through the vaginal, uterine, internal pudic, and vesical arteries—branches of the anterior division of the internal iliac. The vagina is surrounded by a venous network or plexus, which communicates with those of the vulva, bladder, rectum, uterus, and broad ligament, and finally empties into the internal iliac veins.

The lymphatics of the lower fourth communicate with the superficial lymphatic glands; those of the upper three-fourths, with the internal iliac glands.

The nerves are derived from the sympathetic, and from upon each side of the vagina a plexus which communicates with the inferior hypogastric.

The arrangement of the epithelium and the absence of of glands render the vagina much less vulnerable to infection than is either the uterus or vulva.

We have already referred to the normal secretions of the genital tract. I distinguish between the physiologic and pathologic secretions of the vagina. The former is markedly acid, dependent upon the presence of a bacillus which produces lactic acid. The later may be feeebly acid, neutral or alkaline, and contain a variety of micro-organisms saprophytic and pathogenic. Probably fifty per cent of pregnant women have this pathologic secretion in which germs flourish, and from which auto-infection is possible. The demonstration of the truth of this assertion greatly simplifies the study of the process of infection.

The vaginal discharge becomes alkaline during the menstrual period, during the puerperium, and in many cases of leukorrhoea—a condition which is more favorable for the growth of micro-organisms and the infection of the genital tract.

Kronig's investigations were confined to pregnant and puerperal women, and consequently are not a proper subject for consideration under gynecology further than to note the conclusion that the distinction between the physiologic and pathologic secretions is not determinable. I assert that all secretions alike contain no pathogenic germs. All secretions

are equally germicidal, though the vitality of the germ differs. It takes twice the time to kill the staphyloeoccus that it does to destroy the streptoeoccus. The vagina infected with germs will become aseptic in two or three days. The cause of this bacterieidal power is as yet undetermined. It is not chemic, because it occurs whether the secretion is faintly or strongly acid; it is not believed to be due to a special bacillus although some micro-organisms are known to be antagonistic to others. If it results from leukocytes, it must be due to properties independent of their contractile power, for the actions continues after their subjections to a heat which would destroy the latter. The want of oxygen in the vagina will not explain it, for the staphyloeocci and streptoeocci are anaerobic and yet are killed. It is not mechanical, because particles of carbon and mercury are removed much more slowly. Possibly all these factors may unite to establish germicidal action. Kronig presents a very important practical observation, which is that a solution of corrosive sublimate for irrigation destroys the germicidal action, probably by precipitation of albumen while plain water but lessens it. A necessary inference is that prophylactic injections of corrosive sulimate are prejudicial when the secretion is normal. Upon investigations in the nonpuerperal, introduced pyogenic micro-organisms into the vagina in eight women, and found that the vagina cleansed itself from these organisms in periods varying from two and one-half hours to three days. The factors which compass this germicidal action are various forms of bacteria and their products, and acid secretions, possibly serum action, and the absence of oxygen. This activity is weak in infants and is lessened by menstruation and increased secretion from either the cervix or the uterus, or even from the vagina. It is decreased when the vulva is patulous or the uterus prolapsed and at the menopause. Attention has been directed to the influence of change of pabulum in restoring the lost virulence of micro- organisms. I inoculated the streptoeoccus into the ear of a rabbit without unfavorable results, unless the ear was ligatured to lessen tissue resistance, when a vaginal streptoeoccus became as virulent as those found in puerperal fever. It is possible that an innocuous streptoeoccus may thus be restored by the tissues during the puerperium, and similarly in gynecologic operations in which there is bruising of all the tissues, as in the enucleation of fibroids.

VARIETIES: Vaginitis may be divided into simple and specific (gonorrheal). The latter is exceedingly important because of its intractibility and its tendency to extend. The distinction between acute and chronic is merely one of degree.

Specific varieties named are emphysematous, exfoliative, dysenteric, phlegmonous, diphtheric, and senile, but these are unnecessary distinctions.

The etiology and pathology have undergone some consideration in our discussion of the action of micro-organisms. Of these, the gonococcus is most important, for upon its discovery will frequently depend the diagnosis. The recognition of its presence in the secretion is diagnostic, but its absence is not an absolute indication that the secretion is not of gonorrheal origin.

PATHOLOGY: In simple vaginitis slight elevations of the mucous membrane occur, producing a granular surface. The granulations are produced by groups of papillae which are infiltrated with small cells; as a consequence, the papillae swell up and push before them the stratified squamous epithelium. Superficial layers are shed. Later, the surface becomes more level, from thinning of the superficial covering. With the vaginitis of pregnancy not infrequently an emphysematous condition of the mucous membrane is associated. A similar condition has been observed following the climacteric. The exfoliative, dysenteric, or diphtheric vaginitis presents localized patches or an inflammation of the whole vagina. In the latter condition the mucous membrane becomes so swollen that it is with difficulty the finger can reach the cervix, which is also thickened and covered with an exudation.

SENILE VAGINITIS: After the menopause the epithelial tissue is desquamated, the papillae atrophy and the raw surface causes obliteration of a large portion of the vagina. The same process can cause occlusion of the cervical canal subsequent to the menopause.

SPECIFIC VAGINITIS: The most important cause of vaginal inflammation is gonorrheal infection, which produces an intractable form of vaginitis, which may continue for months, or even for years. It may extend over the mucous membrane of the uterus to the tubes, ovaries and peritoneum, producing endometritis, salpingitis, pyosalpinx, ovaritis, and pelvic peritonitis.

ETIOLOGY: Vaginitis is produced by gonorrheal infection; irritating discharges from the uterus; the contact of urine or feces through fistulae; vaginal injections, too hot or too cold, or containing injurious chemic agents; badly fittings pessaries; decomposing tampons; efforts to produce abortions or awkward attempts at sexual intercourse; and the exanthemata; and it may complicate typhus, small-pox and scarlet fever. Diphtheric patches have been observed in a number of diseases, particularly in the puerperal state. Localized patches are seen in fistulae, in carcinoma, and

about badly fiting pessaries. The disease is induced by the habits of the patient. The free use of alcohol produces the granular form of the disease. The gouty or rheumatic diathesis is a predisposing cause.

SYMPTOMS: Vaginitis is characterized by a sensation of burning heat, and itching in the vagina; pain in the pelvic floor increased by exercise; frequent desire to evacuate urine, with not infrequently scalding. A profuse mucopurulent leukorrhea soon occurs. These symptoms are present in both the simple and specific varieties. In the latter the disease begins as an acute infection within from twenty-four to forty-eight hours after exposure, with itching of the urethral orifice, increased desire to urinate, a sensation of heat about the vulva, and burning and scalding upon passing urine. Generally, the tenderness and discharge are moderate; occasionally, throbbing is substituted. The distress is increased by walking even by moving the limbs, and by the slightest touch of the finger. The urethral orifice is reddened and slightly swollen, and a drop of thick mucous or muco-pus can be pressed out. After one or two days the entire urethra is exquisitely tender, and the orifice is swollen, intensely red, and bathed with abundant pus. Pus and blood can be extruded from the vagina by pressure over the urethra. The hymen, vestibule and labia become swollen, edematous, and eroded and are covered with infected pus and exudate. At the end of a week the acute symptoms have subsided, the discharge is abundant, and when the parts are neglected they become eczematous and cause a disagreeable odor. The vulva may regain its normal appearance in two weeks, while the discharge may continue for three or four weeks, or even longer. Infection of the vaginal follicles and of the vulvovaginal glands is not infrequent. The inguinal lymphatics become swollen, and may even suppurate. In the early part of the attack the gonococci are present to the exclusion of all other forms of bacteria, but later they may entirely disappear. The disease shows a marked tendency to invade the deeper and more important organs by the continuous mucous membrane.

DIAGNOSIS: Upon separation of the labia a profuse discharge is noticed, covering a reddened, thickened and roughened or granular mucous membrane. The speculum shows the vagina red, swollen, smooth velvety surface from which the rugae have disappeared; or the redness as well as the discharge, may be present in patches. The cervix should be inspected, as the infection generally begins in it. The differential diagnosis between simple and specific vaginitis is often difficult. The history of a distinct infection would be valuable but it is often too delicate a subject for question. It may

be suspected from the sudden onset of the attack, associated with urinary symptoms, a protracted course, and obstinate resistance to treatment. The inflamed urethra and ducts of the vestibule and orifice of Bartholin's ducts, and not infrequently the formation of cysts or abscesses in the ducts or glands with swelling of inguinal glands, afford additional confirmation. The recognition of the gonococcus by culture or by microscopic investigation renders diagnosis certain. The absence of the gonococcus is not proof positive of non-gonorrheal origin, for the gonococcus may disappear from the secretion. Even when the specific origin can be determined beyond peradventure we should be exceedingly cautious in giving expression to our opinion, as it may cause serious social unhappiness. We must not be content with the diagnosis of simple vaginitis but should carefully interrogate the various structures in order to determine if possible its cause. Pelvic abscesses discharging into the vagina have been mistaken for vaginitis.

PROGNOSIS: The ease and rapidity with which vaginitis can be cured will depend upon the cause. The milder can be confined to the external genitalia, or may disappear even after the Fallopian tubes have become affected. In the more severe forms the entire genital tract may be rapidly involved, and portions of the tract may retain the disease and reinfect other portions. The general health is impaired in chronic cases. The ovum, when it can enter, may find the uterus unfitted for its retention or an abortion may result. Pre-existing gonorrhea is said not to disturb the first two weeks of the puerperium, but subsequently there is a marked tendency for the germs to develop renewed virulence and to invade the healthy structure.

TREATMENT: In acute cases the patient should be kept absolutely quiet in bed. Sexual activity should be suspended. The diet should be restricted to nonstimulating articles. Alcoholic stimulants, peppers and various condiments should be interdicted. Saline laxatives are administered, and the patient is encouraged to drink largely of emollient liquids or alkaline waters.

Local applications should consist in alkaline douches and in a saturated solution of boric acid in hot water, given from fifteen to twenty minutes out of every two or three hours during the day, and every four while the patient is recumbent at night. The ordinary fountain syringe serves well, or a piece of rubber tubing weighted at one end and provided with a clip and nozzle at the other. The weighted end, with the

coiled tube is placed in a basin of water above the level of the bed, the clamp applied and the end of the tube withdrawn and introduced into the vagina. The clip opened, the water is siphoned out as long as the external end is kept below the level of the basin. As the acute symptoms subside, give douches of solutions of sublimate (1:4000), potassium permanganate (1:4000), carbolic acid, lysol, or creoline every three hours for two weeks; after which, give double the strength four times daily. The dry treatment consists in cleansing the surface by a douche or by washing the vagina through a speculum; after which, dry and pack with borated or idoform cotton, and repeat every eight hours until the secretion is checked, when it is given twice daily. A dry absorbent dressing must be applied to the vagina every two hours.

Astringent douches are substituted in chronic cases and after the subsidence of the acute stage. Cleanse and dry the vaginal walls and paint with silver nitrate solution followed by a tampon saturated with a solution of bismuth in glycerin, which keeps the walls separated. Fritsch recommends zinc chlorid.

A one per cent solution of lead acetate zinc sulphate, or alum sulphate, potassium permanganate (1:2000), or painting the surface with undiluted tincture of iodin are serviceable. Acceptable powders are equal parts tannin and iodoform, and bismuth subnitrate and chalk, retained with a tampon. In senile vaginitis cleanse with a saturated boric acid solution. Tampons may be saturated with a 0.5 per cent solution of lead acetate, or strips of lint may be saturated in a five per cent solution of carbolic acid in glycerin or smeared with a zinc ointment. Vaginal suppositories of tannin and idoform, each five per cent, may be employed. When the condition is very chronic, spray through a speculum with a two per cent solution of silver nitrate. The spray drives the medicine into the crypts and folds, and is more effective than swabbing. I have derived more benefit from tampons anointed with ichthyol in lanolin (1:4). It causes a desquamation of the entire epithelium of the vagina and is destructive to the gonococcus.

UTERINE HEMORRHAGE.—INFECTED TEETH AS ONE OF ITS CAUSES

A. S. Tuchler, M. D., San Francisco, Cal.

The presence of a focus of infection always constitutes a lowered resistance to the causative infecting organism, otherwise the local infection could not exist. This focus of infec-

tion may be found anywhere in the body or in the cavities thereof. No matter where located, the reflex effect on the sympathetic nervous system is such as to make of the sufferer a nervous wreck.

Orificial surgery has accomplished much to help these sufferers. It has cured the insane so that they once more became useful citizens. The neurasthenic and the hypochondriac also felt the benign influence from this method of treatment.

The mouth is the one cavity of the body which has heretofore been neglected by the doctor in looking for these reflexes. If the teeth have or are giving any trouble, the case is referred to the dentist in an off-handed manner without any serious consideration by the attending physician, that this may probably be the cause of the reflex irritation of the sympathetic. There is more suffering from alveolar abscesses or infection from pyorrhea without either being recognized as being the cause of not alone of the pains in the head but of other reflex symptoms than one can imagine. At the present time, Emetine and alcresta ipecac have been lauded as specifics against the entomba, buccalis. This organism has been found in the mouth when pyorrhea is present, as well as in the chronic intestinal diarrheas of tropical countries. But in this disease of the teeth, there is also pus secretion from pockets which are found on the surface of the teeth below the gums and also from cystic abscess around the roots of the teeth. The absorption of this pus secretion poisons the blood and is therefore the cause of a loss of appetite, of weight and impaired vitality. No amount of emetine, alcresta ipecac nor vaccines will be of much avail until these respective sources of infection have been removed. The administration of the above remedies will only be of a temporary benefit unless this is done. The absorption from this nidus of infection prevents the patient from making any headway in a curative sense unless this infective process is eliminated. While this is being accomplished, it is here then where the vaccines come in to help clear the blood of the infecting organism. It therefore acts as a tonic and stimulant. The streptococcus or strepto-pneumococcus or colon bacilli group of organisms are the most common constituants of these pus pockets and alveolar abscesses.

It is therefore necessary to make use of the combined vaccines containing these organisms. It makes no difference whether this infection is from the mouth, the kidney as in pyelitis, appendicitis, or the organs of the pelvic cavity, or from anywhere else in the body, this bacterial infection will be the cause of a general and chronic debilitated condition of

the system. It will therefore interfere with the regularity or normal function of any organ of the body. Should the organs of the pelvic cavity be below par, then these will suffer on account of this general devitalized condition.

The following observations will better illustrate the above robust and blessed with a good appetite, bowels regular. These deductions:

Mrs. C., age 30, multipara; family history good, always was necessary qualities for the enjoyment of health gradually became negative, bowels constipated, and a loss of weight and strength in consequence. A distressing leucorrhea set in and a copious monthly hemorrhagic flow now manifested itself, and which soon changed to a bimonthly occurrence. The uterus was curetted and a cervial tear repaired. This did not improve matters much, so the intra-uterine positive electrolysis was given for some time with a little better success. Headache and neuralgia were persistent and concomitant symptoms, however. X-ray examination of the teeth disclosed several alveolar abscesses. These teeth were removed and the cavities curetted. The lady also received the combined vaccines so as to neutralize the infection from her teeth as well as from the uterine trouble. In a short time there was a pronounced gain in weight and a normal function of the bowels. The pains in the head were non est and the uterine function now became regular and painless.

These vaccines contain in 1 cubic centimeter or about sixteen minims, 100.000.000 streptococcus, 100.000.000 pneumococcus, 200.000.000 of each of the staphyococcus aureus, albus and citreus, and 200.000.000 colon bacilli. Of this she received hypo-dermically in the arm three minims. Four days later five minims were injected and this gradually increased every four or five days until 16 minims were given every seven days. There was a slight inflammatory reaction following each inoculation. This reaction depends on the amount of toxemia contained in the blood. Three minims may cause but little redness and swelling at the sight of the injection in some, while in others it will be the cause of so much pain and soreness of the whole body and perhaps also chills and fever from two to three days to about ten days. However, this inoculation can be then gradually increased in amount when these symptoms wear away, so that when the full dosage of 1 cubic centimeter is given, hardly any reaction will be noticed.

THE NAME "PODOPHYLLIN"

John Uri Lloyd, Phar. M., Cincinnati, Ohio.

The Name Podophyllin.—Dr. John King, 1835, supposing the substance he had discovered to be a true resin, named it **Resin of Podophyllum.** But when it finally crept into general use, this title seemed, to others, too cumbersome. Consequently the first commercial lots of Resin of Podophyllum, placed on the market (1847) in one-ounce vials, were under the terse name "Podophyllin." This name was bitterly assailed by Dr. Squibb and Professor Proctor, on the ground that the substance was a true **resin.** Their argument has since been shown to be incorrect, because "Resin of Podophyllum" is **not** a resin.

Had the advice of Dr. King been taken, the **definite** resins would alone have been called **resins;** the **oleo-resins** would have been called oleo-resins, and the alkaloids would have been called alkaloids, their names terminating with the syllable **"ine,"** or **"ia,"** whilst dried extracts would have been called **extracts, dried.** But the care of Dr. King and his systematic co-laborers was not effectual in controlling either the nomenclature or the composition of the many incongruous substances that, in rapid succession, between 1847 and 1860, were, by manufacturers of plant preparations, thrown on the American drug market under the titles "Alkaloids" and "Resinoids."

SURGICAL SUGGESTIONS

Severe neuralgic pain over the bridge of the nose indicates pressure on the anterior ethmoidal nerve probably due to a high deviation of the nasal septum.—American Journal of Surgery.

Many a distressing frontal headache may be relieved by reducing the hypertrophy of a middle turbinate, preferably by streaking with trichloracetic acid.—American Journal of Surgery.

The healing of a mastoid wound if often hastened by fewer dressings and allowing Nature to do her part in the reparative process.—American Journal of Surgery.

A peritonsillar abscess as a rule is more painful than serious. But one should not forget that patients have died of suffocation and that erosion of a vessel may take place in the wall of the cavity and cause death.—American Journal of Surgery.

A severe sore feeling in the throat is frequently complained of by nervous individuals. Close inspection will show numerous fine white spots surrounded by a red areola—herpes. —American Journal of Surgery.

ploying specific mangifera and tiger lily, which tone and

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE CALIFORNIA ECLECTIC MEDICAL COLLEGE CLOSES

Under existing circumstances (and it is not necessary to mention them in detail at the present time) The California Eclectical Medical College decided to close its doors. It has labored under a heavy handicap for several years, but the friends of the college hoped that conditions would improve and the school be enabled to continue. After patient waiting and using every available resource the obstacles were found to be insuperable.

As a result the trustees of the college met and passed a resolution to close the school "as expeditiously and economically as possible," which has been done.

J. A. MUNK, M. D., Dean.

ANNOUNCEMENT OF THE C. E. M. JOURNAL

Owing to the closing of the California Eclectic Medical College this Journal has been left without an owner. Upon the expressed wish of its special contributors the editor has consented to assume the additional burden of its financial support. No particular changes are contemplated at this time, and the Journal hopes for the continual moral and financial help of its many friends.

AVERAGE SKILL

In medical jurisprudence there is a well known axiom that the skill required of a medical practitioner shall be equal to the average skill of the medical men who practice in his locality. The limiting word locality apparently being used in order to determine the standard of comparison for the matter in hand for each separate instance. However, speaking broadly, the average skill of medical practioners remains the same over the entire country. In our personal experience as a consultant we have observed no difference in the quality of the work done in city as compared to that done in the country. One is as good as the other, and both are uniformly good. Every man has his limitations, but the nature or extent of these is not indicated by his location. Assuming, therefore, that the average skill of medical practitioners throughout the country is on a certain plane, any diagnostic procedure or therapeutic agent which is above or below this plane will be used by but comparatively few men and its field of application is self limited. The average man is not interested in it and oblivion is its portion. For example, we have the Wright opsonic idex, a sciedtific theory and exact technic, which fell down because so few men could follow the rules, and when they did the value of the information did not equal the value of labor involved. On the other hand we have the X-Ray, a marvelous force with many alleged fields of usefulness, but which has come to stay because the average man can use it to his advantage in his fracture cases. Each year many interesting and apparently scientific discoveries are presented to the profession for its approval, but few of them live past the second summer. The average practitioner can not use them in his work and that is the end of them. The acid test of usefulness at once reveals the dross. How rare indeed is the pure gold. We take one hundred steps forward and slip back ninety-nine of them.

We sometimes marvel at the willingness of the average practitioner to keep trying the output of the vagaries of the self-acclaimed scientist, upon his best friends, i. e., patients. Doubtless the practice of medicine is making progress, but it is more to be compared to that of a tortoise than to that of a hare.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York.

president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; J. M. Cleaver, M.D., Los Angeles.

NONSURGICAL TREATMENT OF ENDOMETRITIS

M. E. Eastman, M. D., Weaverville, Cal.

In considering this disease a short description of the uterine endometrium will be taken up in reference to its uses and structure.

The internal os is the natural line of demarcation between the cervical canal and the uterine cavity. Technically speaking, the membrane lining the cavity of the uterus is termed the "corporal" endometrium, but to avoid confusion of terms, whenever endometritis is used throughout this paper it will refer to the lining membrane of the uterus.

The endometrium lines the entire cavity of the uterus and extends, modified, into the Fallopian tubes. It is firmly attached to the muscular structure of the uterus by stroma of connective tissue. Between and attached to these bands of connective tissue are innumerable lymphoid cells. At the menstrual period there is a great increase in the number of these lymphoid cells in the mucosa; an exfoliation of the epithelium covering the membrane and a rupture of the lymph follicles and blood capillaries. This exfoliation of epithelium is limited to the endometrium. When the menstrual epoch is passed the ruptured capillaries heal; the epithelium is replaced by new and the excess of lymphoid cells are absorbed. When there is any interference with this natural process of breaking down of tissue and its repair, there will result a pathological condition; and, as a usual occurrence, terminates in some form of—

Endometritis.—Which is an inflammation of the uterine endometrium; and the causes thereof are many and varied.

Etiology.—In the histories of cases of endometritis we find the frequent causes of the disease to be abortions, frequent child-bearing, gonorrhea, tuberculosis, retroversion, retroflex-

ion, excessive sexual intercourse, constipation, introduction and retention of any foreign or irritating substance within the uterine cavity, and general constitutional debility.

The stages of the disease may be classified as acute, subacute and chronic. Under these headings you will be able to classify any form of endometritis that will come under your observation. Many authors give a name to the pathological condition that is found, but this is not a correct way of doing, as it does not convey the picture it should, when endeavoring to understand the stages of a disease.

The acute stage is rarely encountered owing to the short duration of its existence, and as it seldom causes the patient discomfort, the physician is not called upon to prescribe any line of treatment for it.

The chronic form is the one usually met with in the cases that present themselves to the physician for treatment. The length of chronicity may be from a few weeks to several years. The average patient seldom presents herself for treatment until her general health is undermined or else is disgusted with the odor from the discharge or its profuseness.

The endometritis due to frequent child-bearing, frequent sexual indulgence, abortion, retroflexion and retroversion and constipation present, on the average, a similarity of symptoms and the pathology about the same in each case.

There is first a hyperplastic condition of the tissues due to a defective uterine circulation of the venous blood, together with a dilatation of the intervening capillaries. The inner tissues are swollen and in time become hypertrophied; the lymph cells that have not been absorbed. The inner surface of the uterine walls are roughened and serrated, nodular, papulous and spongy. After the disease has progressed for some time there will be found a considerable degree of thickness of the uterine walls, and a greater or lesser degree of weeping of the tissue of a serous or sanguinous character. In the more serious cases you will find the discharge streaming from the cervical canal, ropy and tenacious and of a gelatinous consistency.

Tubercular endometritis is always a chronic condition, except in the rare miliary form. These cases present a picture on the endometrium of yellow nodules under the surface of the mucosa. If the disease is advanced the mucosa will be found to be broken down and shallow ulcerated areas appear. When the general history and condition of the patient leads you to suspect a tubercular state do not hesitate to have a microscopical examinaion made of the scrapings of the uterine cavity.

The gonorrheal variety can most invariably be traced to a previous inoculation. Your patient will give a history of pain in one or both of the ovarian regions; a departure from the normal menstrual function; if there has never been any pain at these periods there will be now, the flow will probably be increased and the number of days of flowing be increased; between periods there will be considerable discharge varying in color from yellowish streaked with blood to a greenish, and generally of offensive odor. The cervix will be found with a large os, patulous, red and excoriated. The patients are tired, weary, worn out and generally debilitated.

The usual procedure in the way of treatment of all cases of endometritis adopted by the majority of the medical profession, if surgically inclined, has been and is to do a curettement. If not doing surgery or opposed to it in these cases, he will make an application to the cavity of the uterus of a solution of iodine, nitrate of silver, phenol, or pack the cavity with gauze saturated in iodoform, echinacea, or whatever comes to his mind. The physician desires to cure the trouble and thus satisfy the patient and himself, but he has experienced so many dismal failures along this line that he is willing to use any means or measures that promise any degree of success. He paints the cervix with iodine and phenol solution, fills the vagina with a cotton or wool tampon saturated in boro-glyceride, prescribes vaginal douches and has the patient return on the third day for another round.

Now, do not understand me to condemn each and every one of the means employed in the treatment of this class of cases that I have mentioned, for I know that oftentimes very good results will follow the use of some one of these medications, as also will be the case in performing a curettement, but what I do find fault with is the uncertainty of results of a permanent nature in the line of treatment outlined. You are not able to confidently assure the patient that within a given time she will be cured of her ailment, provided she will follow your instructions. As a consequence of this uncertainty of cure, many, many women resort to patent medicines. The literature that accompanies this class of medicines contain promise that are glowing and statements made in a convincing manner, and testimonials from a good many like-sufferers who have been cured. Now, don't blame the women nor the vendors of patent medicines. The women desire to get well, the manufacturer desires to make money out of his product. One has the money and the other the "only remedy for her trouble." The physician most invariably has the first show to get the money and

cure the patient. Do well your work and the patent medicine man loses a patron. Should the results not be satisfactory, you will be the one to lose a patron.

In the following outlined treatment the uncertainty is done away with. You get good results. The patient knows she is getting better. You are able to talk to your people with confidence and assurance, and the more cases you have to treat the more confident you will become.

Treatment: Should consist of internal medication and treatment directly to the affected organ. The internal medication should be such as to meet the requirements of each case, yet as a foundation or basis of treatment for all forms of endometritis do not fail to include Lloyd's mangifera indica and tiger lily in four-drop doses, three or four times daily.

The nervous phenomena and circulatory disturbances may be successfully met with the several remedies at our command, and the ones you will find most useful are pulsatilla, macrotys, helonias, viburnum prunifolium, viburnum opulus, hyoseyamus, cannabis indica, cactus grandiflora, senecio and scutellaria.

If you should suspect an anemic condition be sure and have your diagnosis verified with a miscoscopic examination of the blood and a differential corpusele count. When an anemia does exist, meet it by giving Burroughs, Wellcome and Company's Blaud with arsenic and strychnia, one tabloid three times daily, one hour before meals with a glass of water. Continue this line for one month and then substitute a solution of specific phosphorus and cuprum for a month and then return to the Blaud compound. Continue this medication until the anemia is corrected. Make your blood count on an average of every two weeks, so as to know how much progress you are making in the quality of the blood stream.

It has been my experience in treating cases of endometritis that there will exist a complicating misplacement of the uterus either forward or backward, the latter most commonly. Unless conditions are such as to necessitate an immediate correction of the trouble, I pay no particular attention to the displacement until I find that the general line of treatment that is being employed does not overcome the abnormal position of the organ.

If the disease is one of long standing, there will also be found an involvement of either one or both ovaries and Fallopian tubes. These appendages should always be carefully examined before beginning or outlining the treatment of each

ease and keep their condition in mind throughout the treatment.

The mode of direct treatment to the uterine body for the correction of endometritis will be some form of the galvanic electric current. After having determined that you have a case of endomentritis and the patient has decided to undertake your line of treatment to get well, place her upon your surgical chair or table in the dorsal position. See that all dress bands are loosened and the corset removed. Have you chair or table close enough to the battery case for the length of the conducting cords. See that the machine is in working order before making your connections with the patient. Have your instruments, such as proper-sized speculum, dressing forceps, electrodes, sounds and applicators sterilized and within easy reach of your hand. When everything is in readiness for beginning treatment, place the patient's feet in the stirrups and pull the buttocks well forward to the edge of the chair or table. Cover the knees and thighs with a sterile sheet or towel, and use a few safety pins to keep them in position. Place a large, wetted pad, connected with the negative pole of the machine, on the abdomen or sacrum, depending whether you have a retroversion or retroflexion to correct; if either, place the pad on the abdomen; if an anterior displacement, see that the pad is on the sacrum. Now introduce the vaginal speculum and open the blades sufficiently to get a presented cervix. Clean out the vault with cotton or gauze of all accumulations. Select a tipped copper electrode of the proper size and introduce into the uterine cavity. Then connect with the positive pole of the battery and turn on the current through the rheostat until at least fifty milliamperes are registered, unless this amount is beyond the tolerance of the patient, when in such cases use only to tolerance each treatment until a stronger current strength can be used. The first seance should not be longer than seven minutes, and if there is much soreness and the patient somewhat nervous, five minutes will be long enough. Gradually extend the length of each treatment until you are using ten-minute seances. Give the treatments three times weekly until there is a decided improvement in the health of the individual, when they can be given only twice a week, and later on only once a week. By this time the lady should be practically well. By making a note of the depth of the uterus at the first treatment you can see from time to time how much progress is being made. Remember to turn on your current gradually and do the same when turning the current off.

Where you have a complication of a displacement, and be-

fore disconnecting your electrodes and removing them, change your current to the slowly interrupted secondary and use to tolerance for from five to ten minutes. This will gradually tone up the muscular structure of the uterus and assist greatly in getting it back to a normal position. After two weeks of treatment, if you find the organ still in an abnormal position, replace it before the beginning of a treatment, unless, of course, you should find adhesions that are holding the uterus. In such instances only surgical interference will enable you to correct the displacement.

When the electrodes are removed again wipe out the vaginal vault and insert a strip of sterile gauze through the cervical canal into the uterine cavity; saturate a tampon of cotton or lamb's wool in a solution of ichthyol, calendula and hydrastis in the following proportions: ℞ Colorless hydrastis, non-alcoholic calendula, glycerine, aa one ounce; ichthyol, one-half once. Leave this tampon in for from twelve to twenty-four hours, and at the time of its removal have the patient take a vaginal douche of two quarts of hot water, of 105 to 110 degrees of heat, and repeat again in twelve hours. This tampon will help wonderfully in preventing sexual intercourse.

Between times of treatment instruct the patient to avoid all sexual intercourse. See that she is familiar with the laws of hygiene and diet. In case of a retro-displacement have her assume the knee-chest position for five or ten minutes, night and morning. Again, at the time of your first examination do not fail to find out if there exists a tight rectal muscle. If there is one do not fail to dilate it at the first opportunity, as by so doing you will wake up the sympathetic nerve supply in this region and produce a beneficial effect toward a cure. Many of the nervous phenomenon that have been annoying to the patient will vanish like magic. Cease giving the treatments during the menstrual epoch. Relieve any constipation that may exist with graduated does of the following: ℞ Aromatic cascara sagrada, two ounces; fluid extract hydrastis, two drachms; fluid extract berberis, aqua, four drachms; glycerine, q. s. ad, four ounces. Mix. sig.: Begin with one teaspoonful at night; increase or decrease the dose as may be needed to procure one or two free bowel movements a day.

Philosophy of the Treatment: In conclusion I will briefly discuss the whys and wherefores of the treatment outlined in this paper. In short, we have a hyperplasia of tissue, deficient lymphatic action, poor circulation, relaxation of muscular tissue, a serous or sanguinous discharge from the uterine

walls, and oftentimes an abnormal position of the uterus that needs to be orrected.

The weakened muscular structures will be righted by employing specific mangifera and tiger lily, which tone and contract the uterine tissues. This action is carried further along with the use of the positive pole of the galvanic current. In addition to this action it increases the absorbing power of the tissues; through the phorectic action any bacteria in the field are also destroyed; the nervous structures of the pelvis are toned and energized. The interrupted secondary current wakes up the debilitated muscles, gives them increased tone and action, put new life into them, as it were. The destruction of bacteria is due to the copper salts that are thrown into the tissues from the positive pole.

The douches advised are mostly to be considered as a matter of hygiene, though by having the water at 105 or 110 degrees of heat there will be some hydropathic benefit derived. The medicated tampons act in two ways. While in place, there will be less likelihood of indulgence in sexual matters. The medicant has some tonic and healing action, and also assists in reducing the size of the uterus by extracting water and lymph from the tissues with which it comes in contact.

From six weeks to four months will be required to complete a cure. The results will be satisfactory to you and the patient. The character of the work will be the means of bringing other patients suffering from similar troubles to your office, as a consequence, put more money in your pockets.

Medical philanthropy is, no doubt, a very honorable and glorious calling, but in this day and age, when every city and county provides for the care and treatment of the persons who are unable to pay their way, I see no reason for one doctor competing with another in the securing of deadbeat patients. If you want to work for nothing, just make it known to that extent instead of giving these patients the idea that you are working for money.—N. E. M. A. Quarterly.

NEW JERSEY STATE ECLECTIC MEDICAL SOCIETY

The forty-first annual meeting of the New Jersey State Eclectic Medical Society was held at the "Arcade," in Newark, N. J., on Wednesday, May 26th, 1915.

The president, Dr. C. E. Potter, called the meeting to order at 11 a. m.

The roll was called and both Dr. Chas. J. Massinger and Dr. John J. Mohrbacher, vice-president and treasurer of the

Society, respectively, were absent, presumably owing to the weather, which that day was decidedly against any traveling.

The minutes of the last meeting were read and approved.

The secretary read several communications, from Dr. V. Conover of Elmer, N. J., Dr. P. D. Borden of Paterson, N. J., who had to go to Atlantic City on account of his health; Dr. F. B. Harris of Canton, N. J., Dr. Eli G. Jones, who moved from Burlington, N. J., to Buffalo, N. Y.; and last, but not least, that of Prof. Max Meyer of New York, who regretted his inability to attend oour meeting.

The secretary further reported on his work since his election and standing membership of the Society, that is now acquiring new energy, new life.

Dr. Potter, the president, addressed the meeting, briefly outlining the history of our State Society, pointing out especially the need of reviving all those Eclectic physicians in our state who have been dormant, practically "dead" to our cause.

The secretary proposed to membership Dr. Philip R. George and Dr. Arthur Newman of Paterson, N. J. They were both unanimously elected.

Dr. Kitchen moved that Dr. Ella Cameron be nominated an honorary member of our Society, Dr. Liva seconded the motion. Carried.

A very pleasant visitor was Dr. M. B. Pearlstien of Brooklyn, N. Y., who deeply interested the meeting by a thorough discussion on the present movement to repeal the law forbidding physicians to control birth rate. He spoke very much against the method proposed by eminent doctors of New York, which consists in public lectures on the subject and permitting the retail druggists to dispense drugs to that effect.

His discussion met the consensus of opinion of the meeting and the general approval.

We extend a hearty thanks to Dr. Pearlstien for having taken the pains to come and entertain us on such an important subject.

Dr. Mary Willis spoke very interestingly on Synovitis and her remedies used in such cases, especially libradol, iodex, etc. Also on sloughing and the great results obtained by the use of the Eclectic Wash.

Dr. Liva reports clinical experience on 43 cases of typhoid fever, their treatment and results obtained. The doctor had three deaths out of the 43 cases, and these occurred for major reasons. His treatment was eminently specific, nothing else used but specific medicines.

Specific Medicine Echinacea (then Subculoyd Echinacea was not available), was used hypodermially in four particular cases all positive Widal, and all the four cases proved abortive ones, ending within the eighth and twelfth day, uneventful speedy recovery.

He spoke also on the use of Eclectic Wash in three cases of gangrenous legs, which were considered only operative cases by several hospitals. These cases have fully recovered and are now doing well.

Dr. Liva moved that Dr. V. Conover of Elmer, N. J., be appointed State Delegate to the National Convention, to be held in San Francisco, Cal., June 15-18, 1915.

Dr. Kitchen seconded the motion. Carried.

Dr. Kitchen moved that the present officers be reconfirmed for another year. Dr. Massinger seconded the motion. Unanimously carried.

Dr. Willis moved that the next meeting be held at 100 Halsey Street, Newark, N. J., on October 26th, 1915.

Notices will be later sent to all members, specifying time and order of exercises.

On motion by Dr. Liva, the meeting adjourned.

Signed ARCANGELO LIVA, M. D.,
Secretary,
328 Valley Brook Ave.,
Lyndhurst, N. J.

N. B.—All correspondence, membership applications, remittances of dues, etc., should be addressed to the secretary, in order to receive prompt attention.

NEWS ITEMS

Dr. Archer of Glendale is spending his vacation on a camping trip. His destination is Inyo County.

The July meeting of the Los Angeles County Eclectic Medical Society was unusually well attended.

Dr. Lee Strouse of Covington, Kentucky, is touring Southern California before returning home. He appears to be having a good time while doing so.

Dr. Fullmer recently has had an interesting case at the Westlake Hospital. The patient fell downstairs, causing various bruises and an elbow injury. An X-Ray examination revealed a fracture of the head of the radius with a dislocation of a fragment. It was necessary to remove the fragment.

Dr. and Mrs. W. A. Harvey, San Francisco, were in Los

Angeles for a few days last month when they combined business and pleasure.

In the July World appeared an interesting editorial concerning the dispensing of medicines.

The National meeting of The Elks was held in Los Angeles in July when a number of our Eclectic friends had a gay time.

The California Board of Medical Examiners met in Los Angeles during the week beginning July 12th. There were 84 applicants for written examination, but it remains to be seen how many will be successful. There were a number of Eclectic applicants.

The International Peace Congress will meet in San Francisco, October 10, 11 and 12. The purpose is to "find a safe way out of the dangers of militarism and a sure escape from the ravages of war."

All physicians are supposed to have a license for the dispensing of narcotic drug as ordered by the Harrison Narcotic Law. A recent ruling says that if a physician has an office and also uses his home for seeing patients he shall have a license for each place.

Dr. and Mrs. B. N. Childs of Santa Maria were in town on their way to the San Diego Exposition. Incidentally, he expects to get warm again. The Doctor owns a Sanitorium and is otherwise prosperous.

Dr. C. N. Mosher sends his renewal to the Journal. Dr. Mosher is located at 404 Spurgeon Building, Santa Ana, where he went after passing the California Board last December. He says he likes the city, and has proved his intention of becoming a permanent resident by investing in a home and a Ford.

Dr. M. Blanche Bolton, San Pedro, is on a vacation of six weeks' duration and is touring Southern California in her new Buick, which she recently purchased.

Dr. E. R. Petskey has returned to his home in Durango, Mexico, after spending several weeks in Los Angeles because of a badly infected finger.

Dr. Ford Scudder has moved his office from the College Building to No. 702 E. Seventh Street, where he will be glad to see his patients and friends. Home phone F1919.

CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	$1.00	$ .90
California Eclectic Med. Journal, 819 Security Bldg., Los Angeles	1.00	.90
Eclectic Medical Journal, 630 W. 6th., Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

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The California Eclectic Medical Journal

Vol. VIII SEPTEMBER, 1915 No. 9

Original Contributions

TIME—A FACTOR IN THE SUCCESSFUL TREATMENT OF DISEASE

A. F. Stephens, M. D., St. Louis, Mo.

A major factor in the satisfactory, and successful treatment of disease, especially in those diseases we designate as chronic, is that of time.

A pathological state which has existed for a long period of time, or that has been long in making its appearance cannot be changed into a normal, physiological one by leaving out the element of time required to make the change.

To illustrate, if one has moved in any direction from a given point and wishes to return, the time necessary to reach it will be in direct ratio to the distance traveled and time consumed in the process minus the difference between wrong living and right living plus drug influence. To further illustrate, let us consider the disorders of the digestive apparatus, which are most prevalent, perhaps, of all disorders of the body. A stomach that has been abused for years and is much impaired, cannot be expected to perform its normal functions at once under whatever treatment adopted; but only gradually, and by persistent care can it be induced to return to its normal state weakened power by the most rigid observance of the basic laws of its being, can we hope to succeed in our efforts to restore it to a normal condition. Therefore, he, be he physician or patient, who thinks there is a "short cut" to health is doomed to disappointment. A bowel that has been neglected through half a lifetime, becomes paretic and refuses to d oits work as intended, may not be expected to resume its normal action on the spur of the moment. Can one believe that a liver which

has been forced to work overtime in order to carry the burden of intemperance cast upon it by its owner and is thereby diseased will resume its normal attitude immediately? Or the kidneys, whose duty it is to eliminate the normal waste of the organism, changed structurally because of the excessive labor forced upon them through excesses in diet, will they respond at once to any remedy? There is no organ in the body that is not liable to suffer because of the sins of its possessor, and not one of them that has felt the drudgery that kills will respond immdeiately to any treatment once it is diseased.

To secure satisfactory results in treatment two things are essential; one is a return to the simple, normal methods of living, together with whatever aid the physician can lend; the other is time to reconstruct the organ affected. If either of these are left out of the calculation absolute failure will follow. There is no royal road to health, no short cut to a return to the point of departure from physiological functioning. He who can be made to realize that "time works wonders," and must be reckoned with, has started upon the way to recovery, provided he also realizes the absolute necessity for right living. Though the way be long and tedious, and strewn with numerous stumbling blocks along its course, yet will he reach at last, the end aimed at. It is only when the tissue changes have become exceeding grave that hope need be lost and disappointment take its place.

I have long since recognized that time is a major factor in the treatment of disease, and when patients who have traveled at headlong speed on the downward path present themselves to me in search of health, no promise of success is vouchsafed them unless they agree to accept my aid at slow speed. Usually, however, upon a plain statement of fact a patient will readily agree to recognize the factor for he perceives the philosophy of the argument and will consent to the dictum that time is of the greatest importance in the treatment.

Who would promise a speedy cure to a syphilitic? Who but a charlatan would promise quick relief from the pangs of a worn-out stomach; or a hasty escape from the discomfort of a paretic bowel, the consequences of a diseased liver? A developing nephritis is not checked by an impulse.

To disregard the great factor of time in the treatment of disease is to court disaster. Discouragement and failure await all who do not take note of it.

DYSMENORRHOEA

P. M. Welbourn, M. D., Los Angeles

(Read before the Los Angeles County Eclectic Medical Society.)

Dysmenorrhoea is defined as painful menstruation. From 60 to 70 per cent of women suffer more or less pain and discomfort at the time of menstruation but unless she suffers sufficiently to be confined to her bed or to interfere with her usual activities we do call such a condition dysmenorrhoea.

The character of the pain varies in different individuals. In some cases being referred to the hypogastric region when it is sharp and "doubling-up" in character and is usually associated with shooting pains round the hips and down the inner side of the thigh along the course of the obturator nerve. In other cases the patient is more listless and lies down, owing to the intense pain in the sacral region, which she describes "as if the back would break in two." Or, again, the pain may be limited to one or both iliac regions—the position to which ovarian pain is referred and is described as dull and aching.

Dysmenorrhoea may be the result of either constitutional or local conditions. The constitutional causes are mainly predisposing and are either malnutrition or neurosis. In malnutrition the patient shows general debility and the uterus may be smaller than normal. Overworked or underfed girls living in unhealthy and unsanitary environment are liable to this type. The neurotic type is found in overworked girls—but overworked mentally instead of physically—such as school girls and teachers, and in those of indolent habits who will later in life be prone to hysteria. Change of environment will be the first requirement in these cases together with proper food, exercise, fresh air and such medicinal agents as may be indicated from time to time. The local causes may be classified as (1) Pelvic Congestion, (2) Faults of Conformation, (3) Faults of Position, (4) Pelvic Inflammation; or perhaps a better classification would be (1) Neuralgic, (2) Inflammatory, (3) Mechanical.

The neuralgic type may occur at any age, but more commonly after 30 years in the unmarried or in married women who have never borne children. It is more often observed in delicate nervous women but the opposite disposition is not exempt.

Symptoms: The period is usually preceded by several days of impaired health with constipation, loss of appetite, per-

haps nausea, languor, headache, irritability accompanied by fits of hysterical weeping. The pain may begin a few hours before the flow or not until the flow appears. The pains are sharp, darting, in the region of uterus then in ovaries, back or thighs —sometimes worse in lumbo sacral region. The breasts may be painful. During discharge the pains may be very severe and expulsive. Rarely there is any febrile excitement, although the pulse may be quickened, skin harsh, dry and cold. The discharge at first may be in drops then becomes free and pain ceases. Again may have slight gushes, each discharge being accompanied with pain, or there may be clots or fibrinous shreds. Occasionally the flow continues for a day or so, stops, and then reappears for a short time. All pain ceases when the flow stops and the patient is well between periods. A woman may have this type just once, or it may be habitual, or every other time, or only occasionally; it may vary as to severity of pain, or may recur after excitement, nervous strain, etc.

Treatment: If vascular excitement at beginning of flow begin four—six days before expected time with Pulsatilla, Macrotys aa℥ss—water qs ℥IV—Sig. ♆ four times a day and continue until pain ceases. Repeat every month. When pains are tensive or bearing down, add Viburnum. Give Nux Vomica for "uterine colic," when patient is prostrated with feeble circulation, pallid, sallow skin and nausea, and combined with Macrotys, Caulophyllum or Dioscorea. You may find indications for Gelsemium if there is scanty urination with flushed face and bright eyes. Belladonna—profuse urination with dullness and drowsiness. Rhus—burning pain and frontal headache. Apis—burning with itching. Ignatia—severe chill and coldness of extremities. Collinsonia—tensive tearing pain about rectum. Lobelia—precordial oppression, difficult respiration, with full rigid pelvic tissues. Sometimes the suffering is so intense as to necessitate the use of opiates but usually this can be avoided by increasing dosage as inn the following: ℞ Macrotys ♆ Viburnum qtt XX. Water q. s. ♆††. Sig. ♆ every fifteen minutes in hot water until relieved—or you may give this: ℞ Howe's Black Haw Cordial ℥ss. Water qs℥††. Sig. ♆ every fifteen minutes in hot water until relieved then once every one or two hours as necessary.

In the inflammatory type the symptoms during the period are somewhat like the neuralgic type, but during interval pain is present and, of course, affects the general health more. Sometimes this type is called "psuedo-membraneous," as there is usually expulsion of shreds and casts of plastic lymph, which

aggravates the suffering and is similar to labor pains. The diagnosis will depend upon the history of intermenstrual pains. The diagnosis will depend upon the history of intermenstrual pain and upon examination of the uterus all the signs of inflammation will be found. In the neuralgic type the pain ceases or is greatly diminished when the flow becomes established, but in the inflammatory the pain is continuous. The treatment during the period is the same as the preceding, but the inflammation must be treated during the intervals. In both types the severe pain may be relieved to a certain extent by local means, such as hot vaginal douches, hot packs, and such applications to the lower abdomen as libradol, turpentine stupes, etc. If possible of application the galvanic current will be found of great benefit as it hastens and increases the flow, which usually means relief.

In the mechanical type there is present some obstruction to the escape of the menstrual products. This may be a stricture of the canal of the cervix at the internal or external os due to anatomical changes, which may be either developmental or due to cicatrization after inflammation or fibroid induration. There may be a "Spasmodic Dysmenorrhoea," due to spasmodic contractions of the muscle. In cases of under-development of the uterus, where the uterine canal is narrow and walls rigid the swelling of the endometrium that precedes and accompanies menstruation may lead to pain, and in such cases usually have acute flexation, either forward or backward, with stenosis of the internal os. This is sometimes called "Obstructive Dysmenorrhoea," which would imply retention of menstrual products behind the obstruction, but we seldom find such a condition. The pain is probably due to painful contractions, especially when there is marked flexion—and resembles labor pains and are referred to the back. However, sometimes there is no pain in marked flexions. Prolapse and retroversion are sometimes associated with dysmenorrhoea, and pain is probably due to congestion—the return of venous blood being hindered. The pain is more constant when this condition is accompanied with prolapse of the ovaries—when we get typical ovarian pain added. In a patient giving a history of pain since beginning of menstrual life we expect stenosis of some portion of the uterine canal—if pain began later in life but is always present at every menstrual period with history of a fall or injury, then we expect a displacement. In examination if a uterine sound is introduced when it reaches the internal os patient will complain of the usual menstrual pain—in back or

hypogastrium. The treatment is plainly indicated—if stenosis —dilate by electrical current or graduated bougie. If displacement the treatment is surgical, but in this instance there is usually more or less inflammation present, which calls for the usual medicinal and electrical treatment.

TURNER'S BLACK OIL

Mercury, one ounce, by weight.

Nitric Acid, one ounce, by measure.

Mix together in an open earthen jar, out in the open air, as it is liable to explode. Let it stand until it is through cutting. Now add, British Oil two ounces. Spike Oil two ounces. Stir gently, every couple of hours, for about fifteen hours. Now add, Spirits of Turpentine, two ounces. Stir well. Place the whole in an uncorked bottle, leaving the cork out or sitting lightly on top, as it sometimes boils over, or if the cork were placed in the bottle tight, it is liable to blow it out.

Now it is ready for use. As follows:

Wounds that do not heal readily, burns, of the second and third degrees. Any surfact that becomes denuded, and will not heal.

Clean the surface with Peroxide, if it be a deep wound, inject Peroxide, with a small syringe, enough to keep the pus cleared away.

Apply lightly with a camel's hair brush. Then a very light coat of White Vaseline, next cover the surface with thin layers of absorbent cotton.

A new dressing should be applied every day. I have treated numbers of cases with the above, as directed, and had satisfactory results.

I will cite two cases: No. 1.—Female, worked in a shoe factory, she was cleaning a cement container, this cement is used in the factories. It ignited, she was burned from the elbows to the end of the fingers, blistering to the 2nd degree, the integument, pealing off entirely.

A month's treatment as above, and she was able to use her hands a little, the new skin being quite red, thin, dry and glistening.

Light application of the Vaseline were made a couple of times a day, and the new surface gradually became hardened and she went to work after a couple of months. Though this new surface remained tender and sensitive for quite awhile.

Case 2.—Adult man, working in a dye house, fell and

stuck his arm to the elbow into a large bucket of hot soap, blistering the arm clear to the finger tips, leaving it raw.

The above treatment was followed, with satisfactory results. Many smaller cases have been treated in this manner, with satisfactory results.

I believe that if I were treating an infant, I should reduce it in strength, by adding a small amount of British and Spike oils.

BOARD OF MEDICAL EXAMINERS, STATE OF CALIFORNIA

Examination Held in San Francisco, Cal., June 15 to 18, 1915

PHYSIOLOGY

W. W. Vanderburgh, D. O.

9 A. M. to 11:30 A. M., June 15, 1915

(For Physician and Surgeon and Drugless Applicants)

1. (a) Discuss haemolysis.
   (b) Discuss the origin and fate of the leucocytes.
2. What is the relation of the nerves to the movements of the intestines?
3. Discuss the influence of the nervous system upon respiration.
4. Define the following terms: Inhibition, diffusion, osmosis, diapedesis, perimentry.
5. Discuss the metabolism of the embryo.
6. Discuss color blindness.
7. Discuss inhibition in reflex action.
8. Discuss the relation of the rods and cones to vision.
9. Discuss the variations in the volume of the brain due to respiration.
10. Discuss the sensation of hunger and thirst.
11. (a) What are the sources of uric acid?
    (b) Where and how is uric acid formed?
12. What effects are observed after section of a cutaneous nerve?

(Answer ten questions only)

OBSTETRICS AND GYNECOLOGY

Robert A. Campbell, M. D.

12:30 P. M. to 3 P. M., June 15, 1915

(For Physician and Surgeon and Drugless Applicants)

1. What is a blue baby? Give pathology and treatment of the condition.
2. Ophthalmia neonatorum. Give etiology, pathology and treatment.
3. (a) What are the indications for the use of forceps?
   (b) For Caesarian section?
4. Diagnosis tubal pregnancy before rupture.
5. Describe the mechanism of labor with a left mento-anterior position.
6. Differentiate polyhydramnios from twin pregnancy.
7. Name the ligaments of the uterus and give the origin and insertion of each.
8. Define and give etiology and pathology of cystocele, rectocele, hematocele, and procidentia.
9. Describe an operation for complete laceration of the perineum.
10. Give diagnosis and treatment of pelvic abscess.
11. Give cause, symptoms and treatment of subinvolution of the uterus.
12. Erosion of the cervix. Give cause and treatment.

(Answer ten questions only)

GENERAL MEDICINE

H. V. Brown, M. D.

3:30 P. M. to 6 P. M., June 15, 1915

(For Physician and Surgeon Applicants Only)

1. Typhoid fever: (a) Etiology; (b) symptomatology; (c) pathology; (d) diagnosis.
2. In a case of general anasarca, how would you proceed to determine the underlying cause?
3. What are the early signs of tuberculosis, both subjective and objective?
   (b) Describe two important tests for tuberculosis and give relative value.
4. (a) Differentiate acute cerebro-spinal meningitis and acute anterior poliomyelitis.
   (b) Give treatment of the latter.
5. (a) Describe and give management of a case of persistent gastro-enteritis in an infant on artificial diet.
6. Give ten causes of headache and indicate location of pain in each variety.
7. Give a brief discussion of epilepsy and give general advice to such patient.

8. What is the significance of a blood pressure of 240 in a woman 60 years of age?
9. Give symptoms and treatment of chlorosis.
10. Discuss the various types of asthma from etiological standpoint, and give general management of one type.
11. Discuss the complications and sequelae of scarlet fever.
12. What is the usual type of pneumonia in the child; in the adult; in the aged?
    (b) Give description and treatment of one type of pneumonia.

(Answer ten questions only)

GENERAL DIAGNOSIS

H. V .Brown, M. D.

3:30 P. M. to 6 P. M., June 15, 1915

(For Drugless Applicants Only)

1. (a) What are the important signs of thoracic aneurism?
   (b) Name three other conditions for which it may be mistaken.
2. (a) In a given case of continued fever of two weeks' duration, what forms of infection would you think of as likely to be the causative factor?
   (b) Is dentition, followed by fever, sufficient cause for convulsion in the child? Discuss briefly.
3. Give the important reflexes and state the significance of each.
4. Name the important anaemias and describe the blood findings in one.
5. In what diseases would you expect to find enlargement of spleen? Of the liver?
6. By what four methods may you arrive at a diagnosis of kidney disease?
7. Upon what cardinal signs could you base a diagnosis of hip-joint disease?
8. Define the following terms and explain their significance in diseases of the chest: Vocal fremitus; tactile fremitus; bronchophony; crepitant rale; stenosis; compensation.
9. Give differential diagnosis of gastric ulcer and cancer of the stomach.
10. Give description of a typical case of general paresis.
11. Differentiate facial erysipelas and poison-oak affecting only the face.

12. (a) Give etiology and state the distinctions between myalgia and neuritis.
(b) What is sciatica?

(Answer ten questions only)

ANATOMY AND HISTOLOGY

Wm. R. Molony, M. D.

9 A. M. to 11:30 A. M., June 16, 1915

(For Physician and Surgeon and Drugless Applicants)

1. Give formation and branches of the lumbar and saeral plexuses. (May use diagram.)
2. (a) Classify articulations; give a typical example of each class.
   (b) Discuss the hip joint, naming all muscles passing across the joint.
3. Discuss the distribution and central connections of the auditory (8th cranial) nerve.
4. Discuss the bony thorax.
5. Discuss the pleura, giving attaehments and reflections, also external markings of its boundaries.
6. (a) Give the action of the sterno-eliedo mastoid; singly and together.
   (b) Give the action of the psoas magnus.
   (c) Serratus anterior. (Give action of)
   (d) Deltoid. (Give aetion of)
   (e) Trapezius. (Give action of)
   (f) Ilio-costalis. (Give action of)
   (g) Latissimus dorsi. (Give action of)
7. (a) Describe by diagram, the longitudinal section of the femur showing outline and histological structure showing normal development and regeneration.
8. Give the essential differences of the appearance and structure—gross and miscroscopic—of the mucus membrane of the duodenum jejunum and ileum.
9. Give the histology of a medium size artery.
10. Give formation of the tributaries of the portal vein; give most inferior tributary.
11. Discuss the cervical sympathetic ganglia; give loeation, tributaries, and branches.
12. Give histology of the mammary gland; make drawing showing typical histological section.

(Answer ten questions only)

HYGIENE AND SANITATION

D. L. Tasker, D. O.

12:30 P. M. to 3 P. M., June 16, 1915

(For Physician and Surgeon and Drugless Applicants)

1. Indicate the limitations of private practice as compared with public health practice.
2. (a) What are the most important foreign ingredients in water?
   (b) Mention five methods of purifying water.
3. (a) What prevalent acquired defect in school children's eyes is directly due to school life?
   (b) Discuss the prophylaxis of eye defects.
4. Why should the registration of vital statistics be compulsory?
5. In what ways are health and efficiency of school children prompted by frequent physical examinations?
6. Describe the modern method of dealing with an epidemic of diphtheria among school children.
7. What diseases are transmitted by animals and insects?
8. Discuss anti-typhoid inoculation.
9. Name ten preventable diseases and indicate the mode of prevention.
10. Discuss modes of dissemination of diseases which can be transmitted by indirect contact.
11. Discuss the efficiency of formaldehyd as a disinfectant. Describe most efficient method of using it.
12. Describe an efficient method of disinfecting excreta.

(Answer ten questions only)

SURGERY

H. Clifford Loos, M. D.

3:30 P. M. to 6 P. M., June 16, 1915

(For Physician and Surgeon Applicants)

1. (a) What conditions will cause bleeding from the stomach.
   (b) State briefly etiology, symptomatology, clinical and laboratory findings, and prognosis of gastric ulcer.
2. What symptoms and signs would result from fracture of the skull over the right Rolandic area?
3. State briefly the general considerations in the treatment of gunshot wounds.
4. (a) Name the different varieties of goitre.
   (b) When is removal of the thyroid gland indicated?

(c) When is the ligation operation indicated?
(d) When is no surgical interference indicated?

5. (a) Diagnose posterior dislocation of hip.
   (b) Describe briefly the necessary manipulations to reduce said dislocation and what is the after treatment?
6. Describe the operation and name structures encountered in ligation of the superficial femoral artery at the apex of Scarpa's triangle.
7. (a) Describe the operation of removal of the appendix.
   (b) What are the indications for said operation?
8. (a) Describe the symptoms and signs of oblique fracture of head of humerus.
   (b) Deseribe briefly the treatment.
9. Deseribe briefly a tpyical case of acute empyema, giving all aids to diagnosis of said condition.
10. Give the diagnosis, course and prognosis of cancer of the rectum.
11. Deseribe the treatment of aeute gonorrhoea in the male.
12. Differentiate gall stones from right-sided kidney stones.

(Answer ten questions only)

CHEMISTRY AND TOXICOLOGY

H. E. Alderson, M. D.

9 A. M. to 11:30 A. M., June 17, 1915

(For Physician and Surgeon Applicants Only)

1. Name and give the formulae for five salts of mereury.
2. What is the formula of hydrogen peroxide? What is its action upon silver oxide; upon finely divided platinum?
3. What is "bleaehing powder"; its formula? How does it act as a disinfectant?
4. Define and discuss diffusion and osmosis.
5. Deseribe and diseuss briefly HNO_3; its chemical and physical properties.
6. Discuss arsenic (its oeeurrence, properties, toxic effects and desribe the use of one antidote.)
7. Discuss lead poisoning and two effective means of overcoming the same.
8. Define "physiological antidote" and "chemical antitode" and give an example of each.
9. Discuss hydrargyrism.
10. Discuss the indieations and contraindications for the use of stomach pump.

11. Discuss carbolic acid poisoning and an efficient method of treatment.
12. Discuss the toxic effects of yellow phosphorus.

(Answer ten questions only)

BACTERIOLOGY AND PATHOLOGY

A. M. Smith, M. D.

12:30 P. M. to 3 P. M., June 17, 1915

(For Physician and Surgeon and Drugless Applicants)

1. What changes are found in a stained blood smear in primary pernicious anemia?
2. What elements might you find microscopically in the sediment of a normal urine.
3. Describe the microscopic field seen in: (a) a negative Widal reaction; (b) a positive Widal reaction.
4. What do you look for in a miscropic examination of stomach contents?
5. Define eosinophilia; name several conditions.
6. What are casts? Describe at least three varieties and tell under what diseased conditions they are found.
7. Discuss briefly the etiology of chronic interstitial hepatitis, or cirrhosis of the liver, and describe the microscopic appearane of at least two varieties.
8. Define: (a) carcinoma; (b) sarcoma. Give the relative frequency of occurrence in the: (a) breast; (b) liver; (c) bone.
10. Describe the gross appearance of a bone at the site of osteomyelitis.
11. What are the causes of jaundice and how do they operate to produce this condition?
12. Define: (a) cloudy swelling; (b) atrophy; (c) malignancy.

(Answer ten questions only)

MATERIA MEDICA AND THERAPUTICS, PHARMACOLOGY, INCLUDING PRESCRIPTION WRITING

H. E. Alderson, M. D.

9 A. M. to 11:30 A. M., June 18, 1915

(For Physician and Surgeon Applicants)

1. Name four commonly used mercury compounds (U. S. P.) and discuss briefly their therapeutic uses.

2. Discuss fully the possible therapeutic effects that would be expected of the following prescription:
   Rx
   Tinct. nucis vomicae 5,0
   Fluid extracti cascarae 10,0
   Tinct. cardamon comp 25,0
   Tinct. gentian comp. q.s.ad. 100,0
   M.Sig. Take one teaspoonful in half glass of water t.i.d., before meals.
3. What is apomorphine? State dosage, indications, modes of administration and action.
4. Discuss the indications and contraindications for the use of the following:
   Rx
   Kalii iodidi 18,0
   Aquae dest. 60,0
   Syrup sarsaparilla comp. q.s.ad. 125,0
   M.Sig. Take one teaspoonful, well diluted, t.i.d., p.c.
5. Describe and discuss three different modes of administering drugs for therapeutic purposes.
6. Discuss the conditions that modify the effects of drugs.
7. (a) Discuss the dosage of drugs as influenced by age, sex, size and weight of the individual.
   (b) Define idiosyncrasy and discuss one example.
8. (a) Discuss oleum ricini, its dosage, therapeutic action and indications.
   (b) Discuss three contraindications for the use of intestinal evacuants.
9. Discuss the systemic action of alcohol (internally administered.)
10. What is adrenalin? How is it administered? What are its principal effects?
11. Discuss salvarsan (its principal properties, dosage, best mode of administration, indications and contraindications.
12. Describe the bromide salt most commonly used (as to its physical properties, dosage, therapeutic action and untoward effects.)

(Answer ten questions only)

HOMEOPATHIC MATERIA MEDICA

R. A. Campbell, M. D.

9 A. M. to 11:30 A. M., June 18, 1915

(For Physician and Surgeon Applicants)

1. Give the indications for athusia cynapium.
2. Give the treatment of a case of acute cystitis including the specific indications for three remedies.
3. What are the indications for cactus, digitalis, convallaria and glonoin in heart disease?
4. Drowsiness, oedematous swelling, no thirst, stinging pains worse from heat, bruised sensations, aggravation in the afternoon, shrill outcries during sleep. What is the remedy?
5. What is the physiological action of pituitrin, adrenalin, ergotin and glonoin?
6. Give general treatment of a case of la grippe and the indications for three remedies.
7. (a) What is the drug strength of a mother tincture, and how made?
   (b) How is the 3x trituration made?
8. Write a prescription containing three ingredients and a vehicle, and describe the condition in which you would prescribe it.
9. Discuss bryonia.
10. Give the cattarrhal symptoms of kali bichromicum.
11. Thin, emaciated child has swollen glands, large head and open fontanelles, spine weak and child can not sit up, vomits, and has diarrhoea, with green, slimy, offensive, undigested stool; retracted abdomen. What remedy?
12. Describe the diarrhoea calling for croton tig.

(Answer ten questions only)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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SUITS FOR MALPRACTICE

The capital or stock in trade of a member of a profession is largely comprised in his reputation in the community in which he lives. And, as his work is of such a personal character, it, of necessity, must be performed largely by himself. As a result, he becomes rich in experience, but remains poor in the so-called filthy lucre. It is impossible for a man to gain much money unless his work is such that he can hire others to do a part of it and make a profit on their labor. Let us hope that the professional men will get their just rewards in the next world—each according to his kind.

Of all the professions not one is so hazardous as the practice of medicine. By the very nature of his work his life is constantly endangered and his professional and moral reputation is at the mercy of anyone who cares to attack them. And that he is not attacked more often speaks well for the honesty of the majority of the people. Most of the people still have faith in the doctor, believing that he gives freely of the best that is in him. However, the shyster lawyer is abroad in the

land and the filing of a malpraetice suit against a doctor is a legitimate form of blackmail. We use the word blackmail advisedly, because with such lawyers there is no expectation of successfully prosecuting the suit beeause they realize fully in the beginnnig that their client has no ease. But they also realize fully that the average doctor will contribute something in order to avoid the notoriety of a lawsuit wherein is attaeked his professional reputation. It is a personal matter with the doctor.

The following excerpt is from the report of James Taylor Lewis, counsel for the New York State Medical Society, published in the New York State Journal, and covers the work for the year 1914. It contains much food for thought if the reader will compare the eases cited with his own work for the period given. It conclusively shows that the only reason each of us is not burdened with half a dozen malpractice suits, is because the majority of our patients are honorable.

1. The defendant in this action was called to aecount by a patient who suffered with severe pains and weakness in her stomaeh and bowels. He was held responsible because it was elaimed he had made a wrong diagnosis and subjected her unnecessarily to surgical operation, and she finally had a miscarriage.

2. Your counsel was brought into this case as adviser in an action wherein a woman sued the defendant for his negligence in taking care of her in childbirth, during which she had severe complications. The defendant's attorney is a resident of the eounty where the aetion was brought, and the hospital where the woman was eared for is also made a defendant. This case will probably be tried within the next month or two.

3. This aetion is brought against a very well-known surgeon, and the claim against him for negligenee is that while he turned to bandage a finger his patient fell to the floor and broke his nose. The situation presented here is rather amusing than otherwise, and is is extremely doubtful if the ease will ever aetually eome to trial, although the attorney now seems to be quit insistent about it.

4. This action pertains to a case of a seven-year-old boy who was found by the doctor to be suffering from septic infeetion in the abdominal cavity. The doetor advised immediate operation, which the parents declined. Counsel was seeured from a nearby eity, and an operation again demanded. A series of abscesses developed in various parts of the body,

one in the hip, where trouble was encountered. The doctor has not yet been sued and no application blank has been sought, but your counsel has examined the statement of the doctor and advised him as to his future course.

5. This action is against a member of the Society and against one of the hospitals of New York City. The patient came to the hospital and was placed under the attending surgeon's care in that hospital. The allegations are that the plaintiff complained of tri-facial neuralgia, and that during unlawfully strapped by the arms and legs and locked in a room. This case is not one strictly within the retainer of your counsel, but is one that should be defended by the Society because it is an absolutely unwarranted attack.

6. This case is one charging the doctor was careless in the delivery of a child. The doctor found his patient suffering from heart trouble, and he was obliged to apply forceps, and the delivery resulted in a perineal tear. Without warning the patient's condition became grave a short time after the delivery, and she dies. Her husband begins a action for loss of services and loss of consortium.

7. This action was presented in two complaints, and it was claimed that the plaintiff's leg was fractured and the bones of his feet dislocated. The plaintiff claims that he was taken to a hospital and was there treated by one of the doctors "employed as a surgeon by the said hospital," and it is claimed that the doctor was negligent in dressing the plaintiff's foot in a workmanlike manner, and that the plaintiff was permanently injured and crippled.

8. This action was brought again a physician for the therapeutic misuse of the X-rays. The plaintiff contends in his complaint that the defendant guaranteed that no harm or injury would result from his treatment, and that no mark or disfiguration would appear after such treatment, and she claims that she was disfigured on the left side of her face and that she is damaged in the sum of $20,000.

9. The plaintiff in this action claims that he received injuries to his left leg and knee, and that he employed the defendant to take care of him, but that the doctor failed to use proper appliances and took care of the leg and knee so heedlessly that the tendons, ligaments and muscles of his leg, which had been separated, remained separated, and that they now have shortened to such an extent as to render the leg "practically useless." It is claimed that the defendant's carelessness also caused running sores to appear on the leg,

from which he suffered and still continues to suffer. There does not seem to be much anxiety on the part of the plaintiff's attorney to try this case, although of course he may determine to do so.

10.—This action arises from a doctor having begun an action against his patient to recover for his services. The action was brought in the Municipal Court in New York County by another attorney, and as soon as the malpractice feature was set up your counsel was called in and has now taken charge of the case. The questions involved in this case relate to an operation on the eye. The attorney who originally brought the action remains connected with the case, but when the action is tried your counsel will be required to take charge of it.

11. In this action the only process of the court which has been served is the summons. Your counsel has served a notice of appearance, and although the same was served last July, no complaint has yet been received. The statement in the case shows that a child was taken ill after eating some unfit material, but by reason of the fact that no complaint has been served, it is impossible to state exactly what the plaintiff may claim. A motion to dismiss will be made soon.

12. This action was begun to recover for damages against a doctor who, it was alleged, was careless and negligent in taking care of a broken leg. There are two defendants in this action. The chief claim of the plaintiff is that the doctors improperly wired the bones of the leg in such a way that the muscles became torn and inflamed. In the judgment of your counsel there is not a semblance of a case against these doctors.

13. This action was brought against a physician, and incident to it the plaintiff's counsel suggests that the State Society should not defend him because he is the doctor for a lodge. I can see no reason for any such contention, and have appeared for the doctor and served his answer. The action is based upon an allegation that the patient has a malformation of the wrist and that he was not properly cared for.

14. In this case your counsel has been asked to act as adviser in a controversy with a Health Department. An application blank was signed and the case referred to me. The question involved was one in which a doctor was criticised for not establishing a strict quarantine in a diphtheria case, and it was contended that one of the pupils in a school contracted the disease. Your counsel will take such part in it

as he is able, but the local attorney for the defendant will doubtless look after the case.

15. This is an action brought against a defendant in which it is charged that he was careless and negligent in operating on a goitre, which the plaintiff alleges consisted in cutting the neck and tying both the superior and inferior arteries so as to keep the blood supply from the glands. The patient was given medication which the plaintiff claims also was improper and unskillful. The plaintiff clams that she was badly searred, and that she was not given a general anesthetie and unnecessarily subjeeted to pain.

16. This ease refers to the carelessness of a doetor incident to the setting of a woman's wrist, and the claim, as evidenced by the lawyer's communieation, is that the patient has a malformation of the wrist and that she is unable to attend to her housebold duties. Your counsel wrote to the doetor that it was necessary for him to apply for malpractice defence and to send a detailed story of the case, but evidently the aetion has never been begun because no application blank has been filed with your counsel.

17. This action was introduced by a letter from an attorney in which he says: "Rather than give this matter the notoriety of a lawsuit, and feeling that you are deserving of better treatment than to be sued, I ask that you send your legal representative to eall upon me," etc., etc. The matter referred to it the letter was a broken leg, and as the doetor has not applied for defenee, and so far as your counsel knows no action has been begun, it is presumed that the courteous attorney has taken no further steps.

18. This action was brought to recover $10,000 on behalf of an infant. The basis of the complaint is that the doctor, without any cause, cut away and removed from the plaintiff a part of his tonsil and part of his soft palate and all of his uvula, but that he did remove his adenoids, and that he was therefore negligent in both respeets. The attorney in this case states a separate cause of action in addition to the above, in which he says that the removal of the soft palate and the uvula was entirely unnecessary. This case will probably be tried in a few weeks.

19. This action is based upon a secondary operation for Hallux Valgus. The gentleman who came in to discuss this case with me, while once a lawyer, is no longer one, the Appellate Division having considered that his official connection with the court should be terminated. It was claimed that

another surgeon had criticised the doctor's work, and in answer to a frank inquiry by the proposed defendant, the second surgeon wrote a very reassuring and convincing letter; and while it is possible that some shyster might get hold of this case, a recovery is impossible. I am watching with a good deal of interest the further progress of the case, because I believe it is one where prosecution should be undertaken. I cannot go further with the description of this case at this time, but if any development appears in it, your counsel will take active part in the matter, perhaps in another branch of the court.

20. This action is one brought by the father of a deceased child, wherein the plaintiff claims that the doctor was careless in his diagnosis of a case of diphtheria. It is claimed that the doctor failed in his diagnosis absolutely, and consequently did not give the child proper attention and medication. The amount demanded in this case is $10,000.

21. The plaintiff in this action complains that the doctor was called upon to examine, and if necessary, operate upon the decedent for a falling of the womb, and that finally he did actually perform an operation on the deceedent. It is claimed that the patient was not in a physical condition to undergo it. It is charged, incident to this case, that the doctor in his operation cut and severed the deceedent's blatter, wih the result that the patient eventually died.

22. This action is based upon a claim that the doctor undertook to, and did perform a surgical operation on the plaintiff, a woman, and the complaint in the action is so absolutely general that one would hardly know whether it was an extraction of a tooth or the removal of an appendix complained of. The report of the hospital where the woman was operated on shows that at the time of the operation she was suffering from a ruptured ectopic pregnancy.

23. This case has gone no further than the threat, and while your counsel has written to the doctor that it was necessary for him to apply for defence, no such application has been made. The case refers to a piece of gauze found in a wound after operation. Who put it there, no one seems to know. Not the defendant.

, 24. In this case your counsel has been called in consultation and for advice. It is claimed that the defendant was especially called in to operate on a lacerated perineum, and that while he was engaged in doing that it is claimed he also removed an ovary and tube and the appendix, and that

he also anchored the uterus of the plaintiff, and that for these abdominal operations he had no authority and was therefore guilty of assault. The claim is for $25,000, and your counsel will be invited to take part in the trial.

25. This action was brought to recover for what the plaintiff claims was negligence in treating a wrist, while she contended she had broken. The doctor advised X-ray examination, which was neglected, and after several weeks or months the patient again visited the doctor, and he found her suffering from some rheumatic condition about this wrist, but the patient has no desire, evidently, to go on with the case.

26. This action was based upon a claim made by the patient that, having broken off a needle in her hand, she called on the defendant to locate the needle. The defendant insisted that it was necessary, in order to find it, to take an X-ray picture, which was done. The needle was found. In the midst of the operation, under a local anaesthetic, the patient suddenly snatched away the rubber bandage and left the doctor's office, saying she was going home. The defendant is a very well-known, careful operator, and the action of the patient has rendered any chance of her recovery absolutely nil.

27. The basis of this action is that the doctor having written a prescription for a two per cent solution of nitrate of silver, was given by the parents and furnished by the druggist with a twenty per cent solution to be used on a new-born infant's eye at birth. As this case has not yet been disposed of, it will not be discussed.

28. This action was begun by simply serving a summons with notice on the defendant. A notice of appearance was served by me, but no complaint has ever been served. I have written two letters in reference to this case, but the plaintiff has never served a complaint, and for that reason I prefer not to discuss the facts in this case in any way.

29. In this case the plaintiff applied for treatment at a skin and cancer hospital, as it appears he had done several times before, and that there was assigned to him for treatment a doctor who is the defendant in this action. The plaintiff claims that in removing bandages around the plaintiff's thigh and around his head, the doctor was careless and negligent, and that by reason of his acts new and other wounds were opened which bled and caused the patient to suffer unnecessarily, and also required him to expend large sums of money to be cured of the physical ailments caused by the

negligence of the defendant.

30. This action was begun by a doctor bringing suit for his bill. The suit was based upon employment to set the broken jaw of a little child who had been run over in the street by a wagon, and presented one of the most difficult situations that your counsel has been called upon to observe. The result was perfect, although the jaw was broken into three parts. This case was tried in the Municipal Court without a jury, and the judge certified the case back to a jury for trial because he was unable to fix the amount of the doctor's bill. The case finally resulted in a judgment for the doctor's bill being consented to, and the case ended.

31. This action was begun because this defendant also wanted to collect his bill in one of the inferior courts, and the patient thereupon set up as a defence the malpractice of the doctor. The claim made in defence of the doctor's bill was that he neglected to properly set a fracture of the wrist.

32. In June of last year application was made in a personal letter to your counsel accompanying a letter from a lawyer threatening suit. The practice criticised by the patient evidently was in connection with a fracture of the elbow. It seemed that the doctor's care was the best possible, and all your counsel was required to do was to suggest a letter which was written to the lawyer, notifying him that he and his client would be held personally responsible for any unwarranted attack upon the doctor's professional conduct. Up to date that has ended the proposed litigation.

33. This case was practically reached for trial, but on account of your counsel's engagements was marked "off the calendar," and has never been restored. The basis of the complaint is that the infant plaintiff had disintegrated tonsils and adenoids, and that an operation was performed, and the plaintiff claims that gauze or other material was left in the infant's air passages and after two or three months was coughed out. Your counsel believes that he never had presented to him a more absurd contention.

34. This action is for $50,000, and is is claimed that an examination made by "an expert pleuroscopic examiner" caused a burn. It transpires that the operator in this case used every known appliance to prevent and avoid this very thing, and if any burn occurred it was certainly no fault of his.

35. The doctor in this case was called to treat a lacerated wound about the right elbow joint, and numerous contusions

of the body, the patient having been knocked down in the street by a wagon. The doctor told her to call him or her own family physician the following day. He never saw the patient afterwards, and the threat of a suit seems to have ended there, as this patient has done nothing since February of last year.

36. Your counsel has been called in this case to assist the attorneys for one of the insurance companies. The patient was taken to one of the hospitals in Brooklyn, and it is claimed that while the defendant was giving an anaesthetic a drop of the anaesthetic was allowed to fall into the patient's eye, and that he received an injury to the eye. This case is at issue, but has not yet been tried. Just what part your counsel is expected to take in this case he has not yet been advised either by the lawyer for the insurance company or by the doctor himself.

37. In this action the patient claims that he fell and broke the scapula, and that he was then taken to a hospital and put in one of the public wards, and that then the defendant took charge of the patient and undertook to set his shoulder, but that in doing so he put on such a heavy plaster cast that the patient claims that his shoulder was injured by pressure on certain nerves, muscles and other portions of the plaintiff's shoulder. This case is in charge of a local attorney, and your counsel has been asked to take part in the defence of the case when tried. Application for defence has been made in the regular way.

38. It is claimed in this case that the doctor was consulted by a young woman who was suffering from certain disorders and feeling symptoms of pregnancy. She claims that the doctor called on her from time to time, and finally changed his opinion of the condition and prescribed different medicines, and that the medicines prescribed made her ill. She claims that the doctor made use of crude and unsanitary means in making his diagnosis, and as a result she was caused to give premature birth to a child.

39. This action is one for failure to properly adjust a fracture of the radius, which the plaintiff claims occurred about two and one-half inches above the wrist joint. It is claimed that the defendant failed and neglected to reduce the fracture or to put the fractured bones in place, and that by reason of his negligence and improper treatment the plaintiff's arm failed to heal, and that the healing process was hindered so that he was unable for an unnecessarily long time to perform his ordinary labor and service. He also sues for unnecessary added expendi-

ture of money in attempting to be cured of the result of the doctor's neglect.

40. This action first appeared in a letter addressed to the editor of the State Journal. No action has been brought, but apparently the case is one involving a fracture of the femur. The ordinary, proper and approved splintage was applied, followed by a plaster cast with weight and extensions. This letter to the editor was the result of a letter received by the doctor from a lawyer, but as nothing has been heard of the case since last August, it is fair to assume that the enthusiasm of the patient to collect has waned.

41. This case is one involving confinement. The plaintiff claims that there was unnecessary injury following the delivery of the child.

42. In this case it is claimed that the doctor, incident to an attempt to perform a curettage, perforated the uterine wall and the intestines. It appears that he woman afterwards was taken to a hospital, but died. The estate sues for $25,000 for the loss of her life.

43. This case represents on action brought by a father of a child who was brought to one of the large hospitals, suffering with swollen glands in the neck and appeared to have some contagious disease. The father was told that the child must be taken out of the institution because of endangering the lives of hundreds of other children there. It transpired that the child was taken to a hospital for contagious diseases and there received antitoxin for diphtheria. The child died.

44. In this case the doctor was sued because it is claimed that he was negligent in taking care of a case of appendicitis. The original attendant called another doctor in consultation, and an immediate operation was advised, and a gangrenous appendix was removed and drainage left in the incision. The patient returned home after two weeks. After the patient had arrived home he developed some abdominal pains, and it was claimed that these pains were symptoms of renal colic. A local attorney represents the defendant. Your counsel is only acting as adviser, to take any part in the case that the doctor wishes.

45. An action was brought in April last year against this defendant, and a notice of appearance demanding a copy of the complaint was promptly served. No complaint has yet been received. The only information that could be secured was that the action had something to do with the non-union of a fractured bone. The case may or may not develop into anything.

No formal application for defence has yet been made by the doctor.

46. This action was begun by the service of a summons only. Immediately after that was served, a notice of appearance was served by your counsel, and when the time to serve a complaint had about expired, an extension of time was given, but no complaint has ever been served and the time has passed to serve one. No proceeding will be taken to dismiss this action for the present, and the case cannot very well now be discussed.

47. In this action your counsel is expected to take an active part in the trial, but is not the attorney of record. The action was begun in one county and will end in another. A local attorney who has charge of the suit is looking after the details of the case, which involves an operation for fistula, which it is claimed was improperly done.

48. The plaintiff in this action charges that while at work on a scaffold in erecting a building he fell and broke and dislocated his right foot. He claims that he employed the defendant to set and treat the bones of his foot, but that the defendant was negligent in that he negleced to properly support the foot with bandanges and splints, and that by reason of his negligence plaintiff's foot became inflamed and swollen, so much so that his health was injured and the use of his ankle and foot impaired.

49. This case had its inception in the doctor's desire to collect his fee. No sooner had the doctor begun his action to collect the fee for $100 than a suit was threatened for malpractice. The matter was in the hands of a local attorney, but after long correspondence the matter was adjusted satisfactorily.

50. In this action plaintiff claimed that the doctor was careless in the delivery of a child, wherein it transpired that perineal tears occurred, which were promptly sewed up. This action was begun in one of the inferior courts, but was finally abandoned and discontinued.

51. This action was begun against a physician, wherein it was claimed that he was negligent in that he failed to give antitoxin in a case where a child had had his finger injured. The case was on the calendar for trial, and the attorney, in presenting certain affidavits to the court got himself and his client in rather a precarious position, and had to abandon the case. The action had no merit, in any event.

52. This action had for its basis an injury to the little

finger of the left hand of the patient, and the claim was that the defendant failed to make a proper examination and failed to properly look after it, so that the use of the finger was lost, the joints about it became stiff, and that the patient has been permanently injured.

53. This case was an especially interesting one, in that your counsel was not called into the case until almost over night, and went to act as adviser and counsel in the case. Upon arrival at the scene of trial, the attorney for the defendant, who was also the attorney for an insurance company, requested that your counsel take charge of the case on the eve of trial. The exhibit in the case was rather unfortunate, but the case was tried and won.

54. In this case it was claimed that the defendant did not properly take care of a new-born infant in respect to the administration of prophylactic measures applied to the eyes. As a matter of fact, prophylactic measures were used, but in spite of their use the child lost its sight by reason of infection.

55. This case was one of special interest, because it presented some very novel and very interesting scientific facts. The patient in the case first complained of a pain in his back, subsequently developed a large abscess, which connected with the tubercular condition of the spine, and incident to the draining of this large abscess the plaintiff contended that there had been left in the abscess rubber tubes. Sinuses formed around this large abscess, and in one of these sinuses a rubber tube was found by the defendant and removed. The question presented is one as to whether or not the patient was actually injured at all, or, on the contrary, benefitted by the presence of these tubes.

THE ECLECTIC PHYSICIAN*

John Uri Lloyd, Phar. M., Cincinnati, Ohio

Dr. Charles Rice, thriee chairman of the Committee of Revision of the Pharmacopeia o fthe United States, was the most recondite pharmaeist and man of letters I have ever been privileged to meet. His opinion of Eclectic Physicians, as contributed to a French publication, may be translated as follows:

The Eclectics form a class of physicians who rejeet the use of a large number of remedies of mineral origin, and particularly of all mercurial compounds, and replace them by vegetable remedies, chosen as much as possible from among indigenous plants. It is certain that the persevering and careful study that the adherents of this school hav emade of the aetion

of several American plants has been very profitable to medicine in general. The regular profession never hesitates to make use of the truly useful among those discovered, whoever be the authors, but the system is very justly repudiated by the medical profession, because it is based upon a dogma. Many plants of which the Eclectics alone first availed themselves have ended by becoming the common property of the entire medical profession; every practitioner has, and ought to have, the inalienable right of employing every therapeutical agent, provided it be not a patented or secret preparation, which he considers useful to his patient, whether the pharmacopoeia has adopted it or not. But from the moment that a preparation is presented under the character of a special remedy, when its formula is unknown and kept secret, in such a manner that its preparation is monopolized by a particular firm or its composition can not be controlled by every pharmacist or physician, it should be proscribed. But such is not the case with the Electic preparations. Although I, like the majority of pharmacists and physicians, am not in accord with the Eclectics, from the standpoint of their theories, I must recognize the fact that they do not surround themselves with mystery; like the homoeopaths, they have their pharmaeopoeia, represented by the following work: The American Dispensatory, by John King, M. D., 8th edition, Cincinnati, 1878.

Whatever opinion one may have regarding the ideas defended in this book, one can not but discover that it constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of theapeutical effects.*—Translation of pages 9 and 10 of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains."

*To this we will add that the ideals and the efforts of the Eclectic profession were very highly appreciated by Dr. Rice in his latter days, as this writer can authoritatively testify.—J. U. L.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets

in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eeleetic Medical Society meets at 8 p. m. on the first Tuesday of eaeh month. O. C. Welbourn, M.D., Los Angeles, Cal., president; J. M. Cleaver, M.D., Los Angeles.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was called to order by President O. C. Welbourn at his office, suite 819 Security Building, at 8 p. m.

Minutes of the previous meeting were read and accepted with the sugestion by the president that the names of the graduating class who were admitted to membership in the society be mentioned in the minutes.

The president read letters from Dr. Henry G. Pyle and Dr. M. B. Bolton, tendering their resignations. Upon motion the same were accepted.

The paper of the evening was read by Dr. Pina Welbourn and was entitled, "Dysmenorrhea."

After a discussion of the paper Dr. Harvey Crook consented to prepare a paper for the next meeting.

Dr. Barbrick offered the use of his offices for the next meeting of the society, and upon motion his offer was accepted.

Meeting adjourned.

DR. O. C. WELBOURN, President.
DR. JOHN M. CLEAVER, Secretary.

NEWS ITEMS

Dr. Henry G. Pyle has moved from 211 East Ocean Ave., Long Beach, to 357 East Ocean Ave.

Dr. H. J. C. Spacher, who passed the Nevada State Board recently, has located in Reno, Nevada.

Dr. Munk is spending his vaeation on the Arizona desert. He expeets to outfit at Keam's Canyon and attend the snake dance at Walpi. The desert has no terrors for him.

Dr. E. R. Petskey writes from Durango, Mexieo, that the war conditions are very bad in his neighborhood and they are expeeting to leave any day.

Dr. George Skinner and family of Iowa are spending several months in California, and the doctor has been visiting the Westlake Hospital on operating days.

Married: In Los Angeles, August 15, 1915, by Dr. Wm. Carey Bailey, J. H. C. Sprehn, M. D., and Miss Marion C. Larsen. The Journal extends congratulations.

Prof. J. U. Lloyd of Cincinnati was in the city last month for a few days en route to San Francisco to attend the annual meeting of the Pharmaceutical Association.

Dr. Herbert T. Cox announces that he has established an office at 4957 York Boulevard, this city, where he will have office hours from 10:30 a. m. to 12 m., except Sunday. He will continue his afternoon hours at 5600 York Boulevard.

Dr. J. C. Solomon and Dr. Harry Solomon visited the San Francisco Fair last month. Dr. Harry Solomon spent his vacation in California, but has returned to Boston, where he is connected with the Psychopathic Hospital.

Dr. W. S. Gibson, Los Angeles, had an exciting experience recently while making a deposit at his bank. The place was held up by bandits and, with several others, the doctor held up his hands, faced the wall, and only heard the excitement.

Dr. R. L. Burcham has referred a very interesting patient to the Westlake Hospital. The condition consist sof a hernia of a portion of the lung through the fourth intercostal space in the region of the left nipple. The necessary separation of the fourth rib from the fifth being caused by the kick of a horse some three years ago.

Dr. M. B. Bolton, San Pedro, has returned from a six weeks' vacation spent in sightseeing through California.

Dr. Frederick J. Cook has changed his address from the Exchange Bldg. to 505 West Washington St., Los Angeles.

Dr. D. A. Stephens, Holtville, has been enjoying a few weeks' vacation, during which time Dr. J. A. Lasso looked after his practice.

Mrs. Smith, wife of Dr. H. C. Smith, Glendale, has returned to her home after spending some time in the Westlake Hospital. She is now convaleseent from her serious operation.

Dr. A. S. Brackett, Los Angeles, spent some time in the country near Elsinore last month, combining business and pleasure.

Dr. John Buckingham has gone to Inyo County to look over the country as a possible location.

Dr. Edward Galsgie, Sierra Madre, was in San Francisco on a vacation last month. Mrs. Galsgie had gone there earlier in the month.

FOR SALE: A Sanitarium in Southern California near the coast is for sale, including furniture, fixtures, and the practice of the physician owner, who finds he must give up his work owing to impaired health. Inquire of this Journal.

INDIAN MAIDENS WITH SACRED MEAL

INDIAN DANCERS

The California Eclectic Medical Journal

Vol. VIII OCTOBER, 1915 No. 10

Original Contributions

THE MOQUI SNAKE DANCE

J. A. Munk, M. D., Los Angeles, California

I have seen the Moqui Snake dance four times and find that it never loses its interest. The dance is held some time during August and is celebrated as a holiday. It is a sacred rite to bring rain, which is needed to mature the growing corn crop.

The Moquis live in stone houses, in eight villages, that are built on three high, rocky mesas, on their Reservation, in northeastern Arizona, and number about 2000 souls. They have a picturesque country, that is like a fairyland of enchantment. Reaching far away from these mesas towards the South, stretches a vast landscape of surpassing beauty. A wide valley intervenes between the viewpoint and horizon, that is dotted during the summer with green meadows, corn fields and peach orchards; and the San Francisco Mountains, Moqui Buttes and numerous mesas combine to form the distant skyline. It is the dream of artists and poets and many of them are improving their opportunity.

The Moquis have many different clans and lodges and their ceremonials are numerous. The white man prides himself on the number of his secret orders and the variety of rituals and regalias. If such things are evidence of superiority, then the Moqui excels the white man, as his round of lodge work is a continuous performance. Agent Charles Burton, years ago, claimed that he could not get the Indians to do anything, as they were always busy in their Kivas.

The Moquis live in a land of drouth, where rain is scarce and water is a subject of great interest to all the people. The snake dance is designed to improve the water question and invariably proves to be effective and brings the needed rain and

joy to everybody. I saw more water and mud on my recent trip to Moqui land, than on any previous visit.

The Moquis are a peace-loving people and, like Mr. Bryan, believe in peace at any price. The legend of the snake dance states that two brothers once had a quarrel, when one was turned into a snake. When the other brother realized what had happened, he was deeply grieved and vowed to spend his life in the pacification of his offended brother. That resulted in the origin of the snake clan and dance and the kindly treatment of all members of the snake tribe. This action also included the power to influence rain and the snake became the messenger to carry the Moqui prayer to the rain god to send more rain.

The snake dance may be a barbarous practice, but the participants in the dance are as sincere and earnest in their desire, as is the Christian in his religious devotions. A sight of this ceremony and the fearless handling of so many poisonous reptiles is startling to the uninitiated; and from a cause of fear and prejudice produces a feeling of horror in the average spectator. The dancers are sometimes bitten by the rattlesnakes which they handle, but never receive any harm, as the antidote they use makes them immune to the poison. It consists in a decoction of native herbs that is a secret and is known only to the chief snake priest and his assistant. The remedy is taken both internally and applied locally by the person bitten and is used as an emetic and ablution in the purification act of the body after the dance. The dance has been frequently described and need not be repeated here in detail; but the fact goes to show the difference that exists in people. We think every fellow queer who is not of our faith and practice, and the others doubtless think the same of us.

The Moquis have practiced dry farming successfully from the time immemorial. Several years ago the Government sent a man to teach them how to farm; but instead of helping the Indians, it was not long before the farmer had to call upon them for help.

The parents are very fond of their children and spend much time in entertaining and amusing them. They have a system of Kindergarten instruction that is unique and was practiced long before we ever thought of such a thing. They make dolls to represent their Kachinas or deities, which are given to the children to use as playthings; and serve as object lessons to teach them how to walk in the ways of their fathers.

They also observe woman's rights in a very practical man-

ner. The woman owns the house and all of its belongings. The girl proposes marriage and "pops the question" by offering some little gift to the man she loves. After a couple are married, the husband goes to live with his wife, instead of the wife with the husband, as is our custom. If he proves unsatisfactory, he is divorced by the wife. She puts his personal effects out of doors, and when he returns and finds what has happened, he knows that he has lost his "happy home." However, he is still his "Mamma's boy," and picks up his traps and goes to his mother's house to live, which is again his home until some other woman marries him, when he goes to live with his new wife.

There were two snake dances this year, one at Mishongnavi, at the second mesa, on August the twenty-fourth, and the other at Walpi, at the first mesa, two days later, on August the twenty-sixth. There was a feature in the first dance, where the people are less modernized, that is unusual. The dance was halted and a man among the spectators, who was evidently a visiting snake brother, was installed in the Kisa and handed out the snakes to the dancers, which was a fine courtesy. There was a big bull snake used in this dance that was of unusual size. It was as thick as a boy's arm, and between five and six feet long. When held by the neck in the mouth of the dancer, the tail dragged on the ground.

When visitors leave the railroad to go to the dance, they can start either from Gallup, Holbrook or Winslow, but have to take food and bedding and be prepared to camp out, as there are no hotels to accommodate them. The distance to the Moqui villages is about 125 miles via Gallup, Ganado and Keams Canon. This route is managed by Hon. J. L. Hubbell of Ganado, Arizona, who has been an Indian trader among the Navajos all his life, and arrangements can be made with him to take the trip. At Ganado I found myself one of a large party who were going to the dance. In former years traveling in the Indian country was done either on horseback or by wagon; but now everything goes in automobiles. Mr. Hubbell knows how to entertain his friends and takes the very best care of his people. His unfailing kindness and generosity to his guests are above praise and especially appreciated in a country where the conveniences and comforts of travel are few.

HERNIA

H. W. Crook, M.D., Long Beach, Cal.

There is quite a large variety of hernia which may occur by the protrusion of any viscus through the walls of the cavity containing it.

In the study of embryology when we consider the manner in which the different parts of the body develop, the fact that hernia does not occur any oftener than it does is truly to be marveled at.

We will not take time to mention all of the varieties that are found, but will confine our attention to some of the most common ones and the different methods of treating the condition.

Ordinarily when hernia is spoken of we think of either the inguinal, femoral or umbilical varieties which occur at points in the abdominal wall weakened by the passage of vessels, nerves, etc.

Rose & Carless says that incomplete obliteration of the funicular process of the peritoneum is the cause of the majority of cases of oblique inguinal hernia in males, and under the age of 25 in females hernia into the Canal of Nuck is the most frequent variety met with.

Some of the congenital causes are:

(a) Non-obliteration as above.

(b) Inherited weakness of abdominal walls.

(c) Congenital phimosis causing forced micturition.

Acquired causes are:

(a) Strains, especially occupational ones.

(b) Constipation, enlarged prostate, stricture, etc.

(c) Relaxation of the mesentery, allowing the intestines to lie in the hypogastric region, is apt to cause the direct form especially in old people.

(d) Obesity is also common cause in old people.

It is unnecessary to go into detail as to the construction of the hernial sack, as the actual condition found at the time of an operation depends on the length of time the condition has been present; also whether or not there have been any palliative measures taken to relieve it. Any of the abdominal contents, except perhaps the pancreas, may be found in the sac, although it is unusual to find any except small intestine or omentum. The vermiform appendix is occasionally found in hernia on the right side, in which case patients usually give a history of repeated attacks of inflammation of the sac and

it is usually more painful than an ordinary case, the pain being referred to the umbilicus.

When the bladder is involved in the hernial sac, it constitutes a very serious condition if unrecognized at the time of operation, as it may be opened and extravasation of urine take place into the peritoneal cavity resulting in a fatal issue if the condition is not promptly relieved by opening up the wound, closing the hole in the wall of the bladder and draining the peritoneal cavity.

Palliative Measures

Trusses of all shapes and material are used, as no kind is applicable to all cases.

For infants a skein of yarn is used as a truss in inguinal hernia and if rightly employed, they often respond to such measures. It is necessary to change this form often as a hygienic measure.

In adults the usual form is some kind of a pad varying in size and shape to meet the necessary conditions. They give the patient temporary comfort while worn and sometimes effect a cure if applied early and in such a manner as to cause a certain amount of irritation.

Radical Measures

The mortality in properly treated cases under surgical means is less than one-half of one per cent. Certain conditions must be taken into consideration in giving a prognosis which gradually becomes less favorable as the age of the patient increases, being most favorable at puberty.

There are almost as many operations for hernia as there are surgeons, figuratively speaking, as each one has endeavored to make it just a little different that his name may be attached to it.

Bassini's Method

One of the most common and among the best is Bassini's method, in which after division of the tissues, isolation and excision of the sac, the surgeon completes the operation by making a new floor for the canal by drawing the arched fibres of the internal oblique and transversalis or the conjoined tendon down to Poupart's ligament. The spermatic cord is held up out of the way by a loop of gaugze or other means while these sutures are being placed. It is to be remembered in placing these sutures that the external illiac vessels are in very close proximity and may be injured.

Macewen's Method

In Macewen's method the inguinal canal is explored

through the external ring without division of the aponeurosis of the external oblique. The hernial sac is made into a pad, manipulated into position and fastened in such a way as to close the internal ring. Sutures are passed from the conjoined tendon to Poupart's ligament, drawing it up in front of the cord. It is obvious that one loses the advantage of opening the canal in using this method. It is also more dffieult to perform than Bassini's.

Halstead's Method

In Halstead's method the cremaster musele is used to help form a floor for the canal and the aponeurosis of the external oblique is over-lapped in front of the cord. Excellent results are said to have followed this method.

The treatment of the congenital form is essentially the same except that it is necessary to close the upper and of the tunica vaginalis with a suture or ligature.

After treatment consists in placing the patient in bed in the recumbent position until sufficient time has elapsed to allow ciratricial tissue to form and after three weeks allowing the patient to gradually resume their usual vocation. Recurrenee occurs in less than 10 per eent and usually during the first year, if at all.

TO THE STUDENTS OF SPECIFIC MEDICINE OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE

Dr. J. F. Willard, Los Angeles, California

The science of the Practice of Eclectic Medicine is based upon the knowledge of the action of a "Specific Medieine" upon a Pathologieal eondition of primary cells which eonstitute an organ or part. It is to the credit of many years of careful study that has brought this science to the high plane which it has attained, nor will there be any slaeking in the study until it has reached its zenith, to relieve pain, shorten the duration of disease and by so doing prolong life.

A medicine to be Eclectic must have a known influence upon the activity of the Histogenic Primary Cells, exeiting to normal function, correcting pathological conditions, and adding incentive to the renewal of life and vital vigor. The vital function of these primary cells is so complete that they are eapable of sustaining their own life; they are capable of nutrition, multiplication, funetion and repair—this vital performanee of the nueleated cells is accomplished in the same ratio as is the quality and supply for their nutrition.

These microscopic cell organisms are possessed of a very vital function—that of doing their own selecting or choosing the nutrition which corresponds to their requirements so that the various bodies of the different classes of primary cells may take nutrition from the common storehouse of foods. There is something peculiar about the way in which nutrition is supplied and taken by each individual cell. It also seems peculiar that medicines are taken in the same way by the cells. This perhaps in many instances accounts for the rapidity of action of many medicines when taken in solution or in such consistence as it may be taken up by the lacteals and other avenues, then carried by the circulation to every part of the anatomy, "bathing," as it were, every individual primary cell by contact, the cell taking by absorption that which it has an affinity for or selects; so that by adding a medicine to the circulating fluid that has an affinity for a class of cells, or is selected by the cells, the medicine becomes direct or specific to these primary cells and the influence upon the cell tissue will be the influence which the specific medicine is inclined to produce, whether stimulant, sedative, anaesthetic, oxidizer or nutrient. This power or affinity possessed by the cells is taken advantage of in the appliation of specific medication—that by knowing to what class of cells a certain remedy has an affinity it becomes a specific to all organs composed of that class of cells.

This is the Law of Eclectic Medicine: The phenomena or symptoms whih accompany or are the result of a pathological condition of the cells of an organ are in a measure a guide in Specific Diagnosis.

Specific Diagnosis is the science of the phenomena resulting from a pathology of the cell bodies composing an organ, and the directing of the specific remedy for its relief.

A medicine being specific or direct to a class of nucleated cells will ever give to these cells the same influence provided the same conditions or environment exist about the cells.

That a known pathological state of the cells existing may be relieved by a medicine at one time, the same condition should it exist at another time may be relieved by this same specific medicine.

Then as are the primary cells capable of excitement or stimulation to normal activity so will be the influence of the specific medicine toward that result.

As aforesaid, the work of the primary cell is to nutrition, multiplication and repair, so that the selection of the specific medicine will be to that end—repairing the pathology and stim-

ulating to nutrition and multiplication. Here the rule of three may assist in directing what character of medicine may be utilized—"Exeess"'—"Defeet" or "Perversion." Should the condition of the cell bodies be below normal it would be necessary to apply a medicine that will influenee as a stimulant or excitant to their lagging energies—a stimulant to increase the nutritional impulse and vitality; or to supply a medicine whose chemical constituents are food to the cell bodies. Should the condition of the cell bodies be that of excitement above normal, they working overtime, a remedy having a sedative influence would be selected to quiet and bring down to normal function, thus avoiding so rapid destruction of cell tissues. For that septic condition or where low organized materials are an impediment to the physiology of the cells—broken down tissues, debris, not in proper condition to be eliminated, we may direct a speeific medicine which will farther disintegrate and prepare it for its removal; possibly this speeific may be of the eharacter of an Oxidizer—a remedy holding or eontaining a superabundance of oxygen has an affinity for organic matter, acting quickly upon that whieh is of low organization or has least resistanee, so that the first to be attacked by the oxidizer is the detritis or waste material in the blood vessels, or wherever it may eome in contact, thoroughly disintegrating it. If destroyed there would be nothing to eliminate. After whieh it is readily eliminated.

The specific medicine may be an excitant to a class of cells whose duty or function is to combat any detritis or deleterious material which eomes in eontaet with them through the eireulation, or to utilize it in the body economy. The liver utilizes mueh of the venous burden of the spleen, of the stomach and mesenteric veins, all this is to be worked over by the hepatic eells and the debris disposed of by way of the hepatic duct, or into the venous eirculation for further elaboration, and elimination by the kidneys and other emunctories. The spleen is perhaps the sorting chamber for the red corpuscles. The various glands along the alimentary tract make up the gristmill for the entire anatomy. Each class of primary cells goes to form the collection of cell bodies which form the various organs; each cell has a vital function peculiar to its individual class. Even the duetless glands have a very vital function which is of great importanee to the better "structural" anatomieal economy. The lymphoid tissue and lymph nodes are as watch dogs at the door—in a way, they are a filter for the lymph which undergoes great alterations as it passes from

the lacteals and sinuses to the subclavian vein where it is turned in as white blood. These nodes or lymphatic cells secreate or generate a vital force which vivifies and prepares the lacteal fluid to become perfect lymph; then as is the perfection of the lymph so will be the cell nutrition, multiplication and repair.

From all this comes the study of the wrongs of life, the science of Specific Diagnosis and Specific Medication. There are a goodly number of medicines that are specific or direct in their action and which directly influence a class of primary cells. A number of them perhaps being excitant in their influence and others that are sedative or depressant. So that a choice may be made to correspond with the requirements of the pathology. There are certain symptoms or phenomena caused by the pathology which we note and read to us the indicated specific medicine.

A medicine is known to be specific when it is known to have a direct action upon a class of the primary cells. as has Chionanthus upon an inactive congested liver when the conjunctiva is yellow, skin sallow, stools clay colored, pulse forty to sixty per minute. The patient is dull of intellect and lazy to all appearance; lack of energy shown in every move. The primary hepatic cells lack impulse to do their work; they require excitation and get it from the specific medicine Chionanthus. The hepatic cells very soon are at work and the pathology is dispersed as a fog in a noonday sun.

As to pathological conditions of the lymphoid tissue and lymph nodes; they are large, swollen, tumorlike, the cervical nodes prominent ,tonsilar glands large and spongy, giving off a tenacious exudate, the skin showing a sallow, waxy, doughy or cachectic appearance; whether of a carcinoma, spirochaeta pellida, diphtheria, scarletina or cynanche maligna, Phytolacca will be specific and a direct excitant to greater activity of the lymphoid cells, intensifying or increasing the vital secretion or power of these microscopic organisms to the invading debris or infection, clearing the avenues of the nodes of their obstruction and giving impulse to perfect lymph secretion for the support and nutrition of perfect health.

Eclectic, Specific, or Direct Medication is the true science of cure and when complete will fulfill the edit, "Relieve pain, shorten the duration of disease, and by so doing save life."

Even the perpetuation of Tuberculosis is by the wrong of condition of primary cell life. The impairment furnishes the culture media for its propagation.

ACUTE HYDRAMNIOS

H. V. Brown, M. D., Los Angeles

Hydramnios is a case of too much fluid in a pregnant uterus. The word acute seems to signify that said fluid accumulates very rapidly, especially in cases occurring after the fifth or sixth month of pregnancy—so rapidly, in fact, that the condition often becomes a very distressing one to the victim. It is stated that this condition occurs once in about 300 cases. If you fail to get yours in the first 300 you may get it in the second or third allotment. I waited about twelve years for mine and nearly mistook it for something else when it finally arrived, and this near calamity is really my best excuse for presenting the subject for your consideration. There may be others asleep at the switch.

The case in question was Mrs. R., age 40, a multipara, having borne one daughter, age 10. This labor was reported as an instrumental delivery with great difficulty and considerable injury to cervix and perineum. Following this labor she suffered some from endometritis and her menstruation was very irregular, several months elapsing with no appearance of the menses. As a consequence, when pregnancy occurred, she was wholly unaware of the condition for several months, there being no unusual symptoms to arouse her suspicions. When I was first consulted we decided that if the condition was one of pregnancy it could hardly be more than five months advanced. However, we were confronted with a tumefaction of the abdomen equal to that of normal term, the enlargement having increased very rapidly during the past few weeks. Upon thorough and repeated examinations it was determined that the condition was in fact one of pregnancy with an alarming increase in the amniotic fluid. This conclusion did not entirely remove the possibility of a coexisting cystic tumor. The child in utero exhibited so little activity that the patient was unable to state definitely that she could feel motion. During the two weeks that the case was under observation the lady suffered much from pressure and dyspnoea, especially when reclining, and her mental anxiety was quite intense.

Her physical condition being good, and there being no positive indications for immediate interference, we pursued the watchful waiting policy.

Finally at 4 o'clock one chilly morning, the alrm was sounded and the doctor had to hurry to reach the scene in time to claim his fee. A water-logged baby arrived with a great

deluge of amniotic fluid and our fears were evaporated. The child was heavy like lead, the tissues being full of water and proved to be about six months advanced. The recovery of the mother was uneventful save for the chronic endometritis which had previously existed and which has since been successfully treated. She is now menstruating regularly as a result of her recent experience.

CALIFORNIA BOARD OF MEDICAL EXAMINERS

For Physician and Surgeon Applicants Only

BACTERIOLOGY AND PATHOLOGY

A. M. Smith, M. D.

9 A. M. to 11:30 A. M., July 13, 1915

1. (a) Describe in detail the Ziehl-Neelson staining method for differentiating tubercle bacilli.
   (b) What is the appearance of the tubercle baccillus with this stain?
   (c) What is meant by an acid fast bacillus?
2. Discuss immunity both natural and acquired. Under what theories are small-pox vaccination and diphtheria anti-toxin employed?
3. What is tuberculin? What are the varieties and how are they employed in medicine?
4. How would you proceed to take a throat culture? Discuss the microscopic picture and tell how you would declare a diphtheria culture positive microscopically.
5. Define toxins, anti-toxins, ptomaines, leukomains, amboceptors, lysins and bacterio proteins.
6. Define pathogenic bacteria. Name three Gram negative pathologic diplococci.
7. Describe two ways in which the heart may be enlarged. Differentiate concentric, eccentric and simple hypertrophy.
8. Describe the gross appearance of a spleen and discuss the microscopic and macroscopic picture of the spleen in miliary tuberculosis.
9. Discuss in detail the pathology of pyloric stenosis.
10. Describe in detail the usual pathology of hemorrhage of the brain.
11. Define anthracosis, atelectasis, bronchiectasis and give the etiology.

12. Describe in detail the differentiation between transudate and exudate.

(Answer ten questions only)

For Drugless Applicants Only

PATHOLOGY AND ELEMENTARY BACTERIOLOGY

A. M. Smith, M. D.

9 A. M. to 11:30 A. M., July 13, 1915

1. Discuss the proper equipment of a laboratory for teaching elementary bacteriology.
2. Explain in detail the preparation of six culture media and the uses of each.
3. Discuss the various steps and explain the reasons for the same in the determination of bacterial contamination of milk.
4. Classify bacteria according to morphology and name at least three examples of each.
5. Describe in detail methods of staining the following organisms: tubercle bacillus, gonococcus, streptococcus, entamoeba, and treponema pallida.
6. Describe in detail a method of performing the Widal reaction.
7. Define pathogenic bacteria. Name three Gram negative pathologic diplococci.
8. Describe two ways in which the heart may be enlarged. Differentiate concentric, eccentric and simple hypertrophy.
9. Describe the gross appearance of the spleen and discuss the microscopic and macroscopic picture of this organ in miliary tuberculosis.
10. Discuss in detail the pathology of pyloric stenosis.
11. Describe in detail the usual pathology of hemorrhage of the brain.
12. Define anthracosis, atelectasis, bronchiectasis and give the etiology of each.

(Answer ten questions only)

For Physician and Surgeon Applicants

CHEMISTRY AND TOXICOLOGY

H. E. Alderson, M. D.

1 P. M. to 3 P. M., July 13, 1915

1. Discuss Ca, Cl_2O, its common uses in medical practice and mode of action.

2. Define and discuss "supersaturated solution." Give and discuss an example.
3. Discuss the usual mode of preparing H Cl commercially.
4. What is soap chemically? Discuss its preparation.
5. Discuss the solubilities of sulphur, calcium chloride, iodin, sodium biborate.
6. Describe the proper equipment of a laboratory for the chemical examination of urine, gastric contents and stools.
7. Discuss arsenical poisoning (symptomatology and pathology).
8. Discuss the toxicology of CH_3OH and C_2H_5OH.
9. Discuss the toxicology of hydrargyrum chloridum corrosivum (including the pathology, prognosis and treatment).
10. Discuss digitalis poisoning.
11. Discuss muscarine poisoning.
12. Discuss "gas poisoning."

(Answer ten questions only)

For Drugless Applicants Only

TOXICOLOGY AND ELEMENTARY CHEMISTRY

H. E. Alderson, M. D.

1 P. M. to 3 P. M., July 13, 1915

1. Discuss the proper equipment of a laboratory for the teaching of elementary chemistry.
2. (a) Interpret the following symbols: Br, Na, Sb, Si, B.
   (b) Define "element" and describe and discuss one example.
3. Discuss HgO.
4. Discuss the uses of undiluted O.
5. Discuss the law of conservation of matter.
6. (a) Define "chemical reaction;" describe and discuss fully one example.
   (b) Discuss "valence" and give and discuss two examples.
7. Discuss arsenical poisoning (symptomatology and pathology).
8. Discuss the toxicology of CH_3OH and C_2H_5OH.
9. Discuss the toxicology of hydrargyrum chloridum corrosivum (including the pathology, prognosis and treatment).

10. Discuss digitalis poisoning.
11. Discuss muscarine poisoning.
12. Discuss "gas poisoning."

(Answer ten questions only)

For Physician and Surgeon Applicants

MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY, INCLUDING PRESCRIPTION WRITING

(Regular)

H. E. Alderson, M. D.

3 P. M. to 6 P. M., July 13, 1915

1. (a) Name two U. S. P. preparations and state the dosage (metric and apothecaries system) of each of the following: Mercury, sulphur, bismuth, iron, Rhamnus purshiana, nux vomica, iodine, arsenic, belladonna.
   (b) State briefly the main therapeutic indictions for each of the foregoing preparations.
2. Write a prescription containing caffeine. Discuss the therapeutic indications and contraindications of the same.
3. Discuss the therapy of acute lobar pneumonia.
4. Discuss the therapy of acute nephritis.
5. Discuss the therapy of acute gonorrhoea (urethral).
6. Define and discuss tincture, fluid extract and elixir.
7. Discuss the composition of "Pilulae Catharticae compositae" (U. S. P.) and the indications and contraindications
8. What is the "United States Pharmacopoeia?" Discuss its purposes.
9. What is hexamethylenamin? Give its dosage and discuss its principal therapeutic effects.
10. Discuss the indications and contraindications for the use of glandulae thyroideae siccae.
11. Name and discuss two vasoconstrictor and two vasodilator preparations.
12. Name and discuss four thyroid stimulants and four thyroid depressants.

Question No. 12 must be answered by all applicants.

(Answer ten questions only)

For Physician and Surgeon Applicants

MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY, INCLUDING PRESCRIPTION WRITING

(Homeopathic)

R. A. Campbell, M. D.

3 P. M. to 6 P. M., July 13, 1915

1. Do vaccines or serums act homeopathically: if so, why and how; if not, why not?
2. Foetid breath, flabby tongue, throat sore externally, sensitive to cold air, perspires easily, straining at stool with tenesmus nocturnal aggravation. What remedy?
3. Name three drugs you would use for the following conditions, and give dose of each:
   (a) To stop hemorrhage.
   (b) To produce emesis.
   (c) To stimulate the heart action.
   (d) To relieve pain.
   (e) To produce sleep.
4. What are provings and how are they obtained?
5. Differentiate apis, digitalis and arsenicum in dropsy.
6. What are characteristic symptoms, and how are they determined?
7. Discuss the treatment of constipation with indications for five remedies.
8. Diagnose a case of diabetes mellitus and discuss the treatment of the case.
9. Discuss arsenicum.
10. Give the indications for the following remedies in whooping cough: Drosera, mephitis, ipecac, hyoscyamus.
11. Differentiate between lachesis and sepia at the menopanse.
12. Name three remedies useful in malaria with the specific indications for each.

(Answer ten questions only)

For Physician and Surgeon Applicants

MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY, INCLUDING PRESCRIPTION WRITING

(Eclectic)

H. V. Brown, M. D.

3 P. M. to 6 P. M., July 13, 1915

1. Detail the uses of thuja:

(a) Local.
(b) General.

2. Give treatment for a case of persistent furunculosis.
3. Name three remedies which you consider of first importance in puerperal eclampsia.
4. What preparations of the following chemicals respectively are most used in internal medication: Formaldehyde, carbolic acid, turpentine, sulphur and potash?
5. In a case of pleurisy what would be the indications for asclepias, bryonia?
6. (a) Name three good intestinal antiseptics and tell how they act.
   (b) What are enzymes? How used in medicine? Example.
7. Give source, preparations and usage of hydrastis.
8. Give indications for these remedies in respiratory diseases: Sanguinaria nitrate, lobelia, ipecac, potassium bichromate, creasote.
9. Describe the condition calling for euphrasia; for berberis.
10. Give origin and uses of barosma; pinus canadensis; hydrangea.
11. Write a prescription containing a salt of iodine, designating age and disease of the patient.
12. Differentiate macrotys, viburnum and helonias in uterine affection.

(Answer ten questions only)

For Physician and Surgeon and Drugless Applicants

OBSTETRICS AND GYNECOLOGY

Robert A. Campbell, M. D.

10 A. M. to 12:30 P. M., July 14, 1915

1. (a) Under what conditions should labor be induced at the eighth month?
   (b) Give technique of procedure.
2. Define Hegar's Sign, ballottement, oligohydramnios, lineae albicantes, episiotomy.
3. Differentiate pregnancy at the fifth month from five other conditions causing enlargement of the abdomen.
4. Give the indications for version.
5. Discuss puerperal infection.
6. What is milk leg? Give etiology and treatment.

7. Name the female genital organs: (a) internal; (b) external.
8. Give blood supply of uterus, tubes and ovaries, with origin and distribution.
9. Describe the pelvic floor.
10. Post partum hemorrhage.
    (a) Give four predisposing causes.
    (b) Give four immediate causes.
    (c) Give the treatment of a case.
11. Name the causes of dysmenorrhea.
12. Name the varieties of uterine fibroids. Tell how you would diagnose each variety.

(Answer ten questions only)

For Physician and Surgeon and Drugless Applicants

PHYSIOLOGY

W. W. Vanderburgh, D. O.

1:30 to 3:30 P. M., July 14, 1915

1. Discuss electro tonus.

For Physician and Surgeon and Drugless

1:30 to 3:30 P. M., July 14, 1915

1. Discuss electro tonus.
2. (a) What effects are noticed after removal of the salivary glands?
   (b) What is the effect of removal of the spleen?
3. Discuss the passage of substances through the alimentary canal and describe a satisfactory method of observing the same.
4. Discuss the role of the nervous system in voice and speech.
5. Describe the cardiac cycle.
6. Give the origin and function of (a) bile; (b) succus entericus; (c) steapsin; (d) rennin; (e) trypsin.
7. Discuss reaction of degeneration.
8. (a) Discuss the internal secretion of the ovary.
   (b) Discuss the internal secretion of the testicle.
9. From what sources and in what manner is fat formed?
10. Discuss the internal secretion of the pituitary body.
11. Discuss the relation of the nervous system to pancreatic secretion.
12. Describe a test for free hydrochloric acid in gastric juice.

(Answer ten questions only)

For Physician and Surgeon and Drugless Applicants

ANATOMY AND HISTOLOGY

W. R. Molony, M. D.

3:30 to 6 P. M., July 14, 1915

1. (a) Into what vein does the azygos vein empty?
   (b) Into what vein does the common facial vein empty?
   (c) Into what vein does the superior hemorrhoidal vein empty?
   (d) Into what vein does the external saphenous vein empty?
   (e) Into what vein does the cephalic vein empty?
   (f) Into what vein does the splenic vein empty?
   (g) Into what vein does the renal vein empty?
   (h) Into what vein does the left spermatic vein empty?
   (i) Into what vein does the ovarian vein empty?
   (j) Into what vein does the great cerebral vein empty?
2. (a) Give the location and formation of the ganglion spheno-palatina (Meckels); branches and parts supplied.
   (b) Location and formation of ciliary ganglion, with branches and parts supplied.
3. Course of the pneumogastric nerve; direct branches and principal distribution of each branch.
4. (a) Give description of microscopic appearance of normal spleen tissue.
   (b) Describe the external surface of the spleen.
5. Discuss the para-thyroid bodies.
6. Name (a) the extrinsic and intrinsic muscles of the tongue; (b) Give nerve supply to the dorsun of the tongue.
7. Describe (briefly) the scapula.
8. Name the muscles attached to the scapula.
9. Give the histology of the liver.
10. Discuss the gall bladder and the bile passages.
11. Discuss the diaphragm.
12. (a) Give the histology of the peritoneum.
    (b) Trace the outline of the greater sac in the vertical direction in the medial plane of a female.

(Answer ten questions only)

For Physician and Surgeon and Drugless Applicants

HYGIENE AND SANITATION

D. L. Tasker, D. O.

10 A. M. to 12 M., July 15, 1915

1. What are the factors which are concerned in the self-purification of water in streams and lakes?
2. Discuss the disposal of sewage when using it for irrigation purposes.
3. Discuss (a) pasteurization of milk; (b) certified milk.
4. What pathogenic bacteria are capable of living in soil?
5. What means can individual families use to protect from flies and mosquitoes?
6. Discuss (a) corrosive sublimate; (b) carbolic acid, as disinfectants.
7. Discuss the hygiene of the sick room during the time it is occupied by a patient:
   (a) In the exanthemata.
   (b) In the respiratory diseases.
   (c) In the intestinal diseases.
8. Discuss prophylaxis in typhoid fever.
9. Discuss the artificial feeding of an infant two weeks old.
10. In what ways do gonorrhea and syphilis influence population? Why should these diseases be reportable?
11. Name six efficient disinfectants and indicate their application to different purposes.
12. What kinds of food may develop ptomaines, and under what conditions.

(Answer ten questions only)

For Physician and Surgeon Applicants

GENERAL MEDICINE

H. V. Brown, M. D.

2 P. M. to 4 P. M., July 15, 1915

1. (a) What is hematuria?
   (b) How may you determine the source?
2. Name four conditions of the circulatory system which may cause sudden death. Differentiate.
3. What is hemoptysis; epistaxis; haematemesis? Differentiate and give emergency treatment for one.
4. Discuss uremia.
5. Differentiate fully biliary colic and appendicitis.

6. Differentiate mitral regurgitation and mitral stenosis.
7. Give the symptoms and diagnosis of intestinal perforation.
8. Differentiate locomotor ataxia and general paresis.
9. Give etiology, prophylaxis and treatment of infantile colic.
10. Define blepharitis, chalazion, ectropion, myopia, astigmatism.
11. Give symptoms and treatment of pericarditis.
12. Differentiate acute pleurisy and intercostal neuritis.

(Answer ten questions only)

For Drugless Applicants Only

GENERAL DIAGNOSIS

H. V. Brown, M. D.

2 to 4 p. m., July 15, 1915

1. Differentiate the eruptions of variola and varicella.
2. How would you diagnose early cancer of the rectum?
3. Discuss rachitis.
4. What are the signs of degeneration of the anterior horns of the lumbar segment of the spinal cord.
5. Define arythmia; tchycardia; precardia.
6. Diagram and name the six divisions of the abdomen diagnostically, including a drawing of the organs found in the superior division.
7. Name four diseases in which leucocytosis is prominent.
8. Differentiate diagnosis of typhoid fever and tubercular peritonitis.
9. What are the surface markings of the normal heart?
10. (a) Outline the procedure for a complete examination of the lungs.
    (b) What are the surface markings of the normal lungs?
11. What is a psoas abscess?
12. What is the Widal reaction? Give technique of procuring specimens for same.

(Answer ten questions only)

For Physician and Surgeon Applicants

SURGERY

H. Clifford Loos, M. D.

10 A. M. to 12 M., July 16, 1915

1. (a) Describe active congestion.
   (b) Describe passive congestion.
   (c) Describe inflammation.

2. Define abscess; carbuncle; furuncle; septicemia and pyemia.
3. Describe, give etiology and treatment of osteomyelitis and name part of bone most frequently affected.
4. What is shock and how is it treated?
5. Distinguish intermediate from secondary hemorrhage and give preventive treatment of each.
6. Describe the following forms of sutures: Interrupted, button, continued, buried, mattress, figure of eight, secondary.
7. How is resection of the spinal accessory nerve effected.
8. Mention varieties of dislocation of clavicle and describe treatment of one variety.
9. What are symptoms of fracture of the vertebrae? Detail ordinary treatment.
10. Names causes of dysphagia from pharyngeal involvent; from laryngeal involvent; from esophageal involgent.
11. Define angiona; chondroma; glioma; epulis; adenoma; dermoid.
12. Describe varieties of hydrocele of testis; of hydrocele of cord.

(Answer ten questions only)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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CANCER NUMBERS

From time to time we are importuned to devote a special number to a consideration of the cancer question. At the present time we are unable to see that any particular good would be gained thereby. Several journals have gotten out such special numbers and some of them we have read more or less thoroughly with but little profit. They are usually designated cancer research numbers but it would be more accurate to designate them as cancer rehash numbers. While it is true that the cancer problem is a large one it does not follow that it's proper treatment is also a large one nor does it require much printer's ink to tell it.

With rare exceptions cancer begins as a local disease and it is usually curable in this stage. The cure depending upon the very simple and universally known fact that the disease must be completely and entirely removed at an early stage of its development. It matters little whether this is done with a knife, chemical caustics, actual cautery, electricity or some form of radiation. Should the disease be so located that it is

comparatively isolated from the remainder of the body these indications may be met with ease and certainty. Should the disease be located within the body or upon some important organ the difficulties are manifold and require not a little skill and judgment to reach a successful conclusion. Still, many of these cases are cured.

In its later stages the disease becomes disseminated throughout the body and is no longer curable. Unfortunately the majority of patients first consult the doctor when the disease is no longer local or when it has passed into that borderland between the two stages. The most promising of these cases should be given the benefit of the doubt and the local disease removed. After the disease is certainly systemic it is more than optimism to encourage the idea of a permanent cure.

PELLAGRA

G. M. Williams, M. D., Merkel, Texas

In nearly every country in which pellagra has developed the disease was known among the people in the rural districts before it was noticed in the medical literature of the country. The name was given the disease by the common people and not by the physician.

I consider that I am dealing with the greatest problem that confronts the American people of the South. I will not go back of the beginning of the seventeenth century with this paper. The disease was well known in Spain at this time. Dr. Townsend, 1787, in his work, Vol. 1, page 289, is the oldest writings of English literature in which I have been able to find a record of the disease.

Pellagra was recorded in American, 1864, by Dr. John T. Gray, of New York. There were several physicians who reported cases during 1864-65; then we find no more records till 1883.

There are two theories as to the cause of pellagra, one claiming it due to the use of damaged grain; the other, that it is due to living close to a stream and using infected water. I will not discuss this part, but will say that meeting with as many cases as I have in West Texas, I can't agree that it is caused by living near a stream.

There has been entirely too much speculation and too little investigation. This disease prevails mostly during spring and summer, but does begin its first attack in the winter. The incubation period is a matter of speculation. But we know that

the period is less than five months. The symptoms in the beginning are a sluggish, exhausted feeling, lower limbs ache and feel weak (in women a profuse leucorrhea will not yield to treatment), atrophy of the muscles, loss of appetite, sore mouth, a copper taste, excessive secretions of saliva and a diarrhea, a raw beef-like tongue, dimness of vision, sometimes double vision, very easily excited, can't sleep good, there is melancholia. Then the eruption makes its appearance on the elbows and across the knuckles. It resembles sunburn and will many times be called that. Both mouth and hands will burn, as though you had something hot close to them. The feet also break out. We should always remember that pellagra has a symmetrical spot on the opposite side, if it is on one hand it is on both, and so on.

Treatment.—I use arsenic (Fowler's solution), and the cacodylate of sodium, hydrochloric acid for the stomach, phosphorus, chionanthus, phytolacca, echinacea, chlorine water, These are given as they are indiated. Give an enema of salt water every day; use a supository at night of mutton suet; also use it on all parts that have any eruptions; this will furnish food for the skin. Use a salt bath every third day. I mean to bathe in hot water, then rub salt all over the body, wait a few minutes and dry off with a towel. Order patient to keep quiet for thirty days, and then keep away from the sun's rays for thirty days longer.

The diet should be small in quantity, but rich in nutrition. Cream, eggs, beef extract, butter, cheese, but no corn bread.

After all symptoms have disappeared for two months, stop the medicine for a month or two, then begin the same as before, and continue in this way for three years.—Eclectic Medical Journal.

THE ALKALOID AND THE WHOLE PLANT DRUG

A writer in the Medical Council, Dr. Potts, while presenting a most excellent letter to the readers of that journal in pinning faith on single remedies with positive belief in their selective action, especially argues in favor of the alkaloids, asks: "Who now uses opium when he wants morphine?" "Why use jaborandi when we have pilocarpine? Why carry pounds of liquids when you have the same action from a pellet? Why use belladonna in preference to atropine, or nux vomica in preference to strychnine?"

In this query the doctor misleads, very seriously, those who have not observed both sides of this class of remedies. No

one, learned in the use of these remedies, will use one for the other. He asks who uses opium for morphine. This supposes that morphine covers the ground of opium fully, which it certainly does not do.

Anyone who has used both of these preparations in medicinal doses can obtain results from fluid preparations of opium, in inflammatory conditions, that are simply impossible with morphine. Any one who uses jaborandi for atrophic diseases of the skin, or imperfect action of the sweat glands, using it in small doses, over a long period, is positively convinced, when he knows fully the action of pilocarpine, that he cannot get the same results from that alkaloid.

He who uses nux vomica for chronic atonic conditions of the stomach or intestinal tract does not think of undertaking to secure the same results from strychnine, even when he knew that remedy well, and he who uses very small doses of a good fluid preparation of belladonna throughout all of the local inflamamtory conditions of childhood would fail in at least seventy-five per cent of his cases, if he depended upon atrophine, and so throughout all of the alkaloid-carrying drugs.

The two remedies are equally important, but they must positively be studied separately. They must be considered each with reference to its own characteristic action.

On the other hand, no plant must be discarded because it does not carry an alkaloid, because there are subtle, active, reliable and invariable medicinal principles in these plants that cannot be determined by any laboratory or scientific experimentation, that can as yet (what the future will do cannot be declared) be determined only by clinical and bedside observation.

As an instance, one of the most powerful, the most helpful, the most important of the vegetable remedies when thoroughly known in its field is bryonia, and yet physiologic or laboratory observation will consign it to oblivion.

These facts are growing upon the entire profession, as great, essential, underlying truths, and they cannot and must not be overlooked. Like many of the "deep things of God," they are rejected because science does not readily explain them.—Ed. Ellingwood's Therapeutist.

THE SHORTENING DAYS OF LIFE

We say and hear it said with a good deal of complacency that the average length of human life is considerably increased over what it was a generation or half a century ago. This is true in a certain statistical sense, but is quite false in the ordinary sense in which the statement that men and women now live longer than formerly would be understood. The principal cause of the low average length of life of former years lay in the enormous infantile mortality. If you take a million infants who died before they were one year old and add them to men and women who died at the age of 30, 40, 50, 60, 70, etc., naturally the average length of life would be greatly decreased. At the present time infantile mortality has been greatly lessened, and instead of that million of dead infants we only have to take half a million or a quarter of a million, and even less. Naturally this increases the average length of life. But it does not mean that men and women on the average live longer than in former years. On the contrary, just the opposite is true.

The expectation of life at the age of 40 is now less than it was twenty-five or fifty years ago. For what we call diseases of degeneration, particularly diseases of the kidneys, heart and blood vessels, are distinctly on the increase, particularly among mental workers and people of sedentary occupations. Cases of deaths from heart disease, apoplexy, kidney disease, etc., are becoming more and more frequent, and a strong warning to the people is necessary—a warning that, unless we stop for a while in our mad struggles for achievement, unless we heed the common sense rules of hygiene, unless we indulge daily in some healthy exercise (of which walking is the simplest and cheapest), the diseases of degeneration will go on progressively increasing, and the years of life, which is short enough as it is, will become still shorter.—Critic and Guide.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Ang-

eles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; J. M. Cleaver, M.D., Los Angeles.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was called to order by President Welbourn at the offices of Dr. J. Fraser Barbrick, 635 Consolidated Realty Building, September 7, 1915.

The minutes of the previous meeting were read and accepted.

The name of Dr. A. A. Prall of Anaheim, Cal., was proposed for membership in the society and after having been duly acted upon by the Board of Censors, consisting for the evening, of Drs. Barbrick, Caryl and Cleaver, he was elected to active membership.

Dr. Crook not being present, no paper was read.

Dr. Barbrick suggested that the meeting engage in a general discussion as to ways and means of gathering the Eclectics of this part of the State into closer communion.

As a result of the discussion a motion was carried that the October meeting be held in conjunction with a dinner, to which all members of the Society and other Eclectic physicians be urged to attend.

The following committee was appointed by the President to arrange the necessary details: Drs. Scudder, Allen and Clinton Roath.

Dr. Caryl was asked to write the paper for the October meeting.

Upon motion the meeting adjourned.

DR. O. C. WELBOURN, President.
DR. JOHN M. CLEAVER, Secretary.

The regular meeting of the Los Angeles County Eclectic Medical Society will be held Tuesday evening, October 5, at 6:30 p. m., at Christopher's Cafe, at which time a dinner will be served. Afterwards there will be a business meeting and a paper by Dr. Caryl, entitled "What Shall We Do to Be Saved?" All members are urged to be present and friends may be invited—but reservations must be made with Dr. H. Ford Scudder, chairman of the committee, before the date of the dinner.

NEWS ITEMS

Dr. P. M. Welbourn, Los Angeles, was in San Francisco last month visiting the Panama-Pacific Exposition.

Dr. H. J. C. Sprehn has gone to Reno, Nevada, to open an office. Dr. J. P. Martin, a staunch Eclectic, is also located in the same city.

Dr. and Mrs. L. E. Russell of Springfield, Ohio, spent a few days in Los Angeles last month. They were traveling in a private car with a party of friends and visiting the San Diego Fair, Yosemite and the San Francisco Fair.

Dr. Lawrence T. Keegan, Santa Barbara, was in Los Angeles during the first of last month. Dr. Keegan was en route home after spending several months in post-graduate work in the hospitals of Chicago, and Rochester, Minn.

Dr. J. A. Munk has returned from Arizona where he witnessed the annual snake dance of the Moqui Indians. The Doctor has kindly written an article concerning his trip which we take pleasure in publishing in this issue—also we reproduce two from among his large collection of kodac pictures.

Dr. J. R. Buckingham, graduate of the California Eclectic Medical College, 1915, was successful in passing the examinations of the California Medical Board in July and will begin the practice of his profession in Big Pine, Inyo County, California, where we hope he will meet with great success.

FOR SALE—The medical library and surgical instruments of a deceased physician are for sale—these have all been purchased within the last ten years and can be bought at a bargain. For particulars write in care of this office.

Dr. E. R. Petsky, who has been located in Mexico for some months, is now in El Paso, Texas, having left Mexico when all foreigners were ordered out of that country.

OBSCURE SYMPTOM

A doctor attended an old lady from Scotland who had caught a severe cold.

"Did your teeth chatter when you felt the chill coming over you?" asked the doctor.

"I dinna ken, doctor; they were lying on the table," was the pleasant reply.—Judge.

PROFESSIONAL CURIOSITY

First Doctor—I operated on him for appendicitis.

Second Doctor—What was the matter with him?—Life.

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Original Contributions

BIRTH OF ECLECTICISM

John Uri Lloyd, Phar. M,. Cincinnati, Ohio

Condition of Therapy Preceding the Concentrations

The story of the "Eclectic Remedies" cannot be intelligently presented without picturing briefly, social conditions as well as various problems concerning medicine and pharmacy at and preceding the date of their introduction. Nor can this story be fairly told, even at this late day, without many regrets, even though its various phases be handled in the most sympathetic manner. Appalling is the record left in print concerning the cruelties and the crudities at that date practiced in the name of medicine. Pathetic is the recollection of the effects of the old-time standard medicines. The story is one and the same, whether the treatment be that of a strong man attacked by an acute trouble, undergoing a course of mercurial cathartics, bleeding and cantharides blistering; of a tortured girl in the last stages of consumption, with breast a running sore from the tartar emetic plaster, or croton oil vesicant, applied by the physician; or the fever-parched, helpless child, confined in a hot, closed room, denied a breath of fresh air, vainly pleading for a spoonful of cold water or a bit of nourishing food. Alike the course of authoritative medicine and of private dosing, whether in Europe or America, consisted in cruelty piled on top of torture, of catharsis to physical depletion, of cupping blood through the skin, and the copious abstraction of much-needed life blood from the veins of a patient who had been starved to exhaustion, by direction of the man who blistered and bled and purged. Then, the step of the physician made the sick man shudder. At the word medicine the child would cry in fear.

According to the medical theories largely prevalent in the Mediaeval past, diseases were to be considered not as de-

partures from the normal, but as the effects of aggressive devils or evil spirits, to be driven out by fire and sword. The era had but recently passed when religious conceptions of supernatural influences by the powers above and below were connected with bodily ailments and afflictions. Traditions that had traveled down the centuries bound men unaware of such subjection to conceptions concerning disease difficult now to comprehend. Astrology and the influence of the planets, and the belief in the mysterious power of the number 13, is even today a study of men possessed of balanced education, whilst as late as the day of Culpepper the description of each plant was prefaced with the name of the planet that was supposed to dominate its action. Far back of it all, and yet influencing it all, is seen the age of imaginative conception, of poetic imagery, that constructed man-bred gods and goddesses, such as directed the affairs of men in the day of the glory of Olympus. Natural, was it not, that out of this epoch of necromancy, superstition, and fantastic poesy, diseases should have been viewed as essences from without, sent by an omnipotent Creator or an antagonistic devil to torture the flesh of man? Nor could it be expected that an empirical art, linked with such as this, should have lost its traditions by being transplanted to America.

In the opinion of even authoritative practitioners of medicine of Colonial days, the devilish or spiteful intruders could no more be subjugated by kindness than could the Prince of Evil be subdued by friendship. But yet the man of medicine might not openly view them as devils or spirits of evil, and might resent such a reflection. But, whether the ideas of old prevailed or not, the methods of old yet lingered. Although the disgusting animal remedies once favored were neglected, the most poisonous of drugs were administered in heroic dose, or the method that was the most barbarous or disagreeable, was considered, even by conservative therapeutic authorities, including the most sympathetic physicians, at the date of the introduction of Alkaloidal Indication or the "American Eclectic Concentrations."

In view of these conditions, need any apology be made for the fact that the remedial agents of the first part of the last century were necessarily either nauseating and disgusting, or vicious, cruel and in dosage too often deadly? Whosoever will study the records of the past will perceive that, whilst poisonous drugs, nauseating doses, and excruciating applications were authoritative favorites, the substances that produced the most shock were viewed with the greatest favor,

even though they were directly followed by marked or even serious after-consequences, in some instances more terrible than the primary disease for which they were administered. Let any pharmacist or physician, of any school whatever, read the story of those days, as voiced in the authoritative medicaments and by the treatment of licensed physicians, as well as that given in many works, then standard, on Practice and Materia Medica, and consider how he would feel now were he to attempt to practice his art under the limitations then rigorously enforced, or what would be his course were a loved one undergoing the ordeal. To place oneself in that critical attitude is to stand where stood the protestors against medical authority, in the beginning of the last century.

The Uprising.—In that day in America the dogmatism of intolerance dominated those in power, whether in politics, religion or medicine, and possibly nowhere was the battle more fiercely fought than in the last-named field. The physician who discredited the prevailing methods, and who was courageous enough to voice his protest, was likely to be ostracized by many of his brethren, as a person tinctured with quackery and linked with charlatanism. Intelligent and educated laymen, protesting against the barbarisms to which their loved ones were being subjected in the name of authoritative medicine, were, as a rule, neither given a respectful hearing, nor recognized as being entitled to any consideration whatever. The first great American "Trust" was that formulated in behalf of medicine, medication and dogmatism such as this, though be it said its votaries believed their crusade to be in the direction of the suppression of quackery advocated by men incompetent to know what was needed in medicine. Out of it all came naturally a popular uprising against the methods of "Fashionable Doctors." It was born of a wave of righteous indignation—not against individuals—but against cruelties almost universally practiced, and against fallacies that were apparent to all but those involved in that practice.

In that period also arose, of like necessity, the kindly European Homeopathic school, as an emphatic protest against all that was cruel and destructive. Even doubters of Hahnemann's theory believed that a peaceful, natural death was to be preferred to one of needless torture, and that it were better to take no medicine at all, and in a spirit of hopefulness allow nature a chance, than to follow the way of those who passed into the hands of such practitioners as the famous English Dr. Lettsom (John Coakley), concerning whose meth-

ods a critic ventured to write: I puke, I purge, I sweats 'em; and if they die,—I Lettsom.

The view presented when from this distance the epoch is taken as a whole, is surely sufficient to enable one to comprehend much that the actors, involved in the passing along, could not perceive. A far-reaching therapeutic revolution was in progress. One part believed in tradition and in authority, and held that progress must come from within, and not from without. The other party, perceiving only the wrong of methods established, as they believed, in error and superstition, became hopeless of their correction by the men practicing those cruelties. It was a far-reaching uprising, in which a people more enlightened than formerly, more independent of authority than ever a people had been before, united in a rebellion, not against individuals, but against conditions. It was a campaign of education, in which the side of power was organized, trained, and all-powerful; the other was heterogeneous, composed of the ignorant as well as people of education, who presumed, for love of humanity, to demand of authority that cruelty in behalf of tradition be abolished. In this mighty uprising the alkaloids, resinoids, and such came into play, but were an incident only. They failed primarily, but yet served a mighty secondary purpose, for they hastened the day when Eclectic physicians and a great part of the dominant school should abandon heroic dosage as well as depleting medication.

WHAT SHALL WE DO TO BE SAVED?

Ella Mansfield Caryl, M. D., Los Angeles, Cal.

(Read Before the Los Angeles County Eclectic Medical Society)

What shall we do to be saved? In the language of Shakespeare:

"To be, or not to be,—that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing end them- To die—to sleep,—
No more; and, by a sleep, to say we end
The heart-ache, and the thousand natural shocks
That flesh is heir to,—'tis a consummation
Devoutly to be wished."

To be saved from what? To be saved from our lethargy, to be saved from our own inactivity, to be saved from ourselves, to be saved from death.

"To die, to sleep;
To sleep! perchance to dream;—ay, there's the rub!
For in that sleep of death what dreams may come,
When we have shuffled off this mortal coil,
Must give us pause."

What dreams may come when we are dead; dead professionally, as individuals; dead as an organization? May we not dream of lost opportunities? May we not dream of the days, weeks and months spent by Dr. John King in pondering over his clinical records that we might enjoy the benefits of a new and better therapy? May we not dream of the burning of the midnight oil and the weary hours spent by Dr. John M. Scudder in doing away with shot-gun prescriptions and giving us our specific medication? May we not dream of the incessant labors of our friend, J. Uri Lloyd in preparing our specific medicine? May we not even dream of our own Dean, Dr. J. A. Munk, who so lavishly and courageously gave of his time, strength and money to establish our college here in this sunny clime, that we might have the benefit of learning at least a part of what has gone before?

Yes, we may dream all this and in our remorse clothe ourselves in sack cloth and ashes because we have failed to perpetuate the grand and glorious principles that have been intrusted to our care.

"There's the respect,
That makes calamity of so long life;
For who would bear the whips and scorns of time,
The oppressor's wrong, the proud man's contumely,
The pangs of despised love, the law's delay,
The insolence of office and the spurns
That patient merit of the unworthy takes,
When he himself might his quietus make
With a bare bodkin?"

What is our bodkin? Why are we dying? Because we have "hid our light under a bushel." Because we have failed to announce on every occasion that we are Eclectics. Because we have failed to educate the people along the lines of Eclecticism. Because we have failed to let the people know the superiority of our mild vegetable sedatives over the powerful and depressing bromides and opiates by not leaving their brain destroying after effects. Because we have failed to teach the people the difference between our therapy and the old, the one gentle, conservative and life sustaining, the other harsh and destructive, killing two cells while it is trying to cure one. And perhaps, because our modern teachers of Eclecticism have

failed in their efforts to inculcate in the minds of their students the truths, the prineiples and the possibilities of our system of practiee sufficiently strong to keep them steadfast in the eause.

"Who'd these fardels bear,
To grunt and sweat under a weary life,
But that the dread of something after death,—
The undiseovered country, from whose bourne
No traveler returns,—puzzles the will,
And makes us rather bear those ills we have,
Than fly to others that we know not of?
Thus eonseience does make eowards of us all;
And thus the native hue of resolution
Is sieklied o'er with the pale east of thought;
And enterprises of great pith and moment,
With this regard, their currents turn awry,
And lose the name of aetion."

Why are we here tonight? Beeause, as Shakespeare says, "Conscienee doth make eowards of us all," and that "something after death."

After these eighty years or more of struggle by our predecessors to establish Ecleetieism, there is something within eaeh breast that makes us dread that eold, dark vault, the grave.

What shall we do to be saved? Saved from what, from whom? From our enemies, from outside agencies, from the A. M. A.

"How shall we be saved? In the language of Patrick Henry, "Shall we acquire the means of effectual resistance by lying supinely on our baeks and hugging the delusive phantom of hope until the enemies shall have bound us hand and foot?" This applies not only to state and nation, but also to individual and organization.

And beeause we are weak the A. M. A. has crushed out our eollege by one fell swoop of its iron hand, and we succumbed and lay helpless and bleeding at its feet, and now it is said we are being discriminated against by the state authorities by a rumored recent ruling of the State Compensation Insurance Fund offieials, disallowing claims for examinations made or services rendered to injured persons by any physician not a member of the State Medical Soeiety; the State Medical Society in this instance evidently meaning the Society of the A. M. A.

What shall we do to be saved? That is the important question. Awake from our apathy—awake from our indiffer-

ence! Let the people know of our therapy. Let them know we are here, and let them know we are here to stay—not merely for the few paltry dollars we receive as compensation for our services, but we are here to give to the world something that money cannot buy; that we are here to promulgate a therapy that stands second to none; that we are here because, in the course of evolution, it has pleased the Almighty to put in the hands of some of us His herbs for the healing of the nation; that we are here to fight with every muscle and sinew in our bodies to enhance the art of healing, and to be worthy of that legacy that was intrusted to our keeping by those grand old patriots who have gone before; that we are here to herald the news from the house tops until the knowledge of our therapy has reached every village and hamlet; until we have medical liberty for those who are legally and morally qualified to administer to the sick; until we have legislative freedom from the tyranical thralldom of the powers that be. And until we have these, again with Patrick Henry, let us say:

"Give me liberty of give me death."

CONCERNING A COALITION OF HOMEOPATHISTS AND ECLECTICS

H. C. Smith, M. D., Glendale, California.

(Read before the Los Angeles County Eclectic Medical Society)

During the annual meeting of the National Eclectic Medical Association convened at San Francisco in June, 1915, Dr. Miller, President of the American Institute of Homeopathy, addressed the convention briefly upon the subject of the similarity of aims and interests of eclectics and homeopathists; said that he saw no reason why the two schools should not unite, and hoped and expected to see such a coalition in the not far distant future. Since then, Dr. H. T. Webster, who discussed the matter with Dr. Miller and others, has written an article favoring such a coalition, that has been published in the August issue of The Eclectic Medical Journal and copied entire by the other eclectic journals. All these journals have also copied an article from the New England Medical Gazette, written by Dr. T. H. Carmichel, a prominent homeopathic writer of Philadelphia, and also advocating such a coalition.

Both of these articles have been answered adversely by Dr. H. W. Felter, in The Eclectic Medical Journal, and Dr. J. W. Fyfe, in the Eclectic Review.

As an argument in favor of coalition, Dr. Webster states that there is only a trifling difference between the two methods of practice, and cites several concrete examples of their simi-

larity; especially recalling the fact that Hahnemann's principal doctrine prior to his promulgation of the doctrines of similia similiabus and high potencies was identical with our doctrine of specific medication. Dr. Carmichael also considers the differences between the two schools of therapy as trifling, and hopes for a coalition; placing especial emphasis on the fact that the united schools would further the advance of therapeutic knowledge and "not magnify the importance of scientific branches at the expense of the therapeutic art."

Replying to these writers, Dr. Felter reviews the two methods of treatment; emphasizes the "rational empiricism" feature of eclectic practice and its marked difference from, and incompatibility with, similia similiabus; doubts the feasibility of a coalition other than a coalition of interests or medico-political coalition. He pertinently asks: "How is the proposed coalition to be accomplished? Will the homeopathists consent to be absorbed by the eclectics, or the eclectics by the homeopaths?"

Dr. Fyfe thinks that coalition would benefit neither school; also emphasizes the empirical feature of eclectic practice; and 'violently dissents' from the statements made by Dr. Webster." "Anything that could be gained by such a union, I believe, could be better attained by individual effort."

This is a tall, slim and heavy-set subject; not a new one either, but having just emerged from a Rip Van Winkle sleep. It might be well to briefly review the history of former attempts at coalition, and some of the real and apparent differences between the two schools in practice.

In 1849, the officers of The Eclectic Medical Institute adopted resolutions "to establish a professorship of the principles and practice of Homeopathy in The Eclectic Medical Institute" and to "invite the Homeopathic physicians of the United States to unite in recommending and nominating a professor to fill the chair of Homeopathy in The Eclectic Medical Institute." They also tendered the homeopathists a department in the college journal, and Dr. David Sheppard became the editor of the "Homeopathic Department of The Eclectic Medical Journal." Because of this liberality on the part of the other members of the faculty, Professors A. H. Baldridge and Jas. H. Oliver promptly resigned from the faculty. "At the end of the session 1849-50, however, the faculty appeared to be in as much haste to rid itself of Homeopathy as it had been eager to invite it. Prof. Gatchell remarked that "neither his own course nor that of Prof. Rosa (the Homeopathic professor) was as conciliatory as it might

have been."

Somewhat the same spirit of intolerance is manifested by Dr. Carmichael in his article favoring coalition when he states, "To this great law, principle or method of similars, the Homeopathic school stands pledged, and prominent Eclectics admit that it is the basis upon which their prescribing rests." In other words: there is no reason why the two schools should not unite, providing, however, that they unite as Homeopaths. A note of the same character crops out in Dr. Fyfe's article opposing coalition when he states, "I am willing to have the Eclecticism that I teach and practice called 'empiric'. I believe in empiricism in medicine. I believe that empiricism has done more for humanity than scientific medicine, so called. The carefully recording of facts in medicine by observing people is the basis of our practice, and I believe that a majority of the members of our school, if they do not agree with me, certainly disagree with Dr. Webster." In other words: Because empiricism has been our most valuable therapeutic asset in the past, Eclecticism is, of necessity, committed to it forever, with no hope of anything better.

This "You'll have to come to us" spirit is of much greater consequence as an obstruction to the coalition of schools than any innate differences between the principles and methods of the two schools of practice.

For about sixty years, the thinking members of the medical profession, regulars included, have been striving toward the same goal; namely, to establish a solid basis of exact knowledge of physiological and pathological anatomy, and of exact knowledge of the parts acted upon by, and mode of action of, therapeutic measures; from which they might make exact deductions, and arrive at exact conclusions, as a result of their empirical observations. Dr. Chas. J. Hempel, in his "Organon of Specific Homeopathy," 1854, states, "Without the aid of physiology and pathology it is useless to attempt to construct the art of healing upon a scientific basis. These twin-sisters of medicine enable us to give a positive direction to our provings toward the sublime object of our art, which is the restoration of health; they enable us to understand the exact meaning, and to measure the true value of our drug-symptoms, and to connect them with the phenomena of diseases in such a manner that they shall complete and explain each other, and, by this harmonious alliance lead us to discover and establish this great and fundamental truth, that a mere apparent similarity of the drug-symptoms and the symptoms of the disease is not sufficient to constitute a certain drug the true remedial

agent in a given case; that this similarity is even unnecessary, nay, impossible in many cases; that it is frequently deceptive, almost always incomplete, and that, on this account, the law of cure, as expressed by Hahnemann, although embodying an abstract preception of the truth, is nevertheless a fallacy of the sensual understanding, and not, by any means, a conception of the living reason." He also states, "It is to be hoped that the time is fast approaching when the minds of homeopathic practitioners will be emancipated from the degrading thraldom of childish symptom-hunters; when homeopathy will cease to be a science of inglorious illusions, and when the living, unerring truths of experience and reason will be substituted in their stead."

Dr. Scudder, in "Specific Medication," states, "I contend that a drug is a specific remedy: first, because it influences uniformly and directly the part or function diseased; and second, because it **opposes** such diseased action. * * * I find a late authority in Homeopathy agrees with me in this. Dr. v. Granvogl, in his "Lehrbuch Der Homeopathy," says: 'The conception of a specific remedy expresses the mutual relation existing between it and parts of the organism, which has to be ascertained empirically by physiological provings of drugs. For some part of the organism is in a relation of immunity, for other parts of attraction, for others again one of repulsion, and always **vice versa**'."

Notwithstanding these clear-cut expressions of belief in a scientific basis upon which to rest their empirical observations on the part of these eminent homeopathists, we still see a great many members of that school of practice who utterly ignore pathological states, but studiously watch for every insignificant symptom and endeavor to fit a remedy to it.

Notwithstanding the constant reasoning from cause to effect, and especially from effect back to cause, on the part of Scudder; and the frequent expression of his conclusions in his "Principles of Medicine," "Practice of Medicine," "Specific Diagnosis" and "Specific Medication," as well as the editorials in the Journal, we still see many eclectics becoming truly "childish symptom-hunters;" prescribing for symptoms without any due regard to whether they are the outward expression of definite pathological states or merely incidental.

The superficial homeopath is the one who always insists that there can be no real treatment outside his "great law of similars;" the superficial eclectic is the one who can see no real treatment unless he has a bunch of "specific indications" apparent. It is this class that takes particular note of the

apparently diametric difference between the two methods of practice; and these would soon lock horns and start something if coalition is attempted. From a scientific standpoint, the two schools are sufficiently similar in their beliefs and aims to work to mutual advantage by coalescing. From the standpoint of professional amity, and that of past attempts at coalition, such an attempt at this time would prove worse than a failure. There is at present a fellow feeling between the two schools which impels them to exhibit a very satisfactory teamwork in a common cause. It is true, that a union might lesson the burden of maintenance for both; but their relations at present are amicable; an attempt at coalition might render it otherwise; and I believe that a satisfactory certainty is much better than an uncertainty that is only possibly better than the certainty.

TUMORS OF THE TESTICLE

Dr. G. A. Angus, Omaha, Nebr.

Tumors of the Testicle: According to some doctors, tumors of the testicle are rare; in the writers' experience, however, they are not uncommon. Not infrequently they are confused with various forms of orchitis, notably with the tubercular and syphilitic. Even after removal of the tumors their gross appearance is very often misinterpreted by surgeons of wide experience. It is, therefore, essential that a microscopic examination of the tissue be made before an absolute differential diagnosis is made between new-growths of the testicle and orchitis—particularly the tubercular, syphilitic, or actinomycotic forms. Fortunately, the treatment in all cases, with the exception of the syphilitic, is practically the same; and clinically a course of mercury and the iodids is prescribed as a matter of routine in most cases of testicular growth before operative measures are adopted. In many cases, particularly when erosion of the scrotum has taken place, material may be conveniently secured for microscopic examination and this should be done whenever possible. The writers do not, however, advocate the practice of cutting through the intact scrotum into the tumor of the testicle for the sole purpose of securing material for microscopic examination, for they believe that in a certain number of cases this procedure tends to favor dissemination and the early production of metastases. On the other hand, particularly when both testicles are involved, it is excellent to prepare the case for operation, that is, for castration, and, in the course of the operation to select and remove a segment of tissue, submitting it to immediate

examination by the frozen section method, so that the proper treatment may at once be decided on and dangerous delays be avoided. The writers have seen several cases in which serious errors resulted from the disregard of this simple precaution.

Tumors of the testicle, excluding, of course, those of purely inflammatory origin, may be conveniently divided into three classes: the cystic, the benign, and the malignant.

Cystic tumors of the testicle. Retention Cysts of the testicle usually occur as the result of localized areas of inflammatory disease that cause occulsion of one or more of the excretory tubules, either in the body of the testicle or more frequently in the rete or tubuli efferenti. Cysts thus formed commonly contain a more or less turbid, milky fluid, in which the presence of spermatozoa and broken-down epithelial cells may be demonstrated. Occasionally, particularly in long standing cases, the cyst may contain a clear serum, and be separated from the surrounding structures by well defined capsules of connective tissue. In certain number of cases these retention cysts may be multiple and may closely simulate colloid carcinoma or other forms of malignant disease.

Papillomatous adenocystomata are benign growths involving the testicle somewhat rarely, and characterized by the formation of cystic cavities lined by columnar epithelium, which, being in an active state of proliferation, may grow into the cavity of the cysts, eventually filling them with friable masses of proliferating cells. These tumors possess, in general, many of the characteristics of the ovary, and, like these growths, are prone eventually to become malignant and to set up metastases, particularly by direct transmission. It seems probable that these cystic tumors may eventuate from the retention cysts previously described, or perhaps from persistent remnants of Muller's canal.

Dermoid cysts of the testicle are rare, and are relatively very much less frequent than a similar growth found rather commonly in the ovary. As a rule, gross examination is all that is required for their identification.

Parasitic cystic tumors of the testicle are very rare in this country, although one occasionally encounters echinococcic cysts of the testicle, most often, however, in foreigners, and even then with great infrequency.

Benign Tumors of the Testicle: The benign tumors of the testicle are fibroma, chondroma, osteoma and adenoma. Of these, the chondroma is, in the writer's experience, seen most frequently.

Fibromata are usually found originating from the tunica vaginalis, from the tissue of the albuginea, or in the rete testis. They are generally small and, as a rule, cause but little or no disturbance.

Testicular chondroma may arise in any part of the organ, and may attain considerable size. These tumors are prone to be associated either with carcinomatous or, more frequently, with sarcomatous growths. Though innocent in immediate nature, they should always be removed.

Osteomata are most commonly found associated with the cartilaginous tumors or with the myxoma.

True adenoma of the testicle is of rare occurrence. Adenoma is commonly found associated with carcinomatous growths of the organ, and since all adenomata are very prone to become malignant if allowed to remain, they should be removed.

Of the malignant tumors of the testicle, sarcomata have most frequently come under the writer's observation. As a rule, these tumors presented lesser degrees of malignancy, occuring as fibrosarcoma or chondrosarcoma. Early removal generally warrants a better prognosis than in most cases of sarcoma occuring elsewhere. Sarcomata are very commonly confused clinically with tuberculosis and syphilis of the testicle, which they strongly resemble in their gross anatomic appearance.

Primary carcinoma of the testicle is somewhat rare, although carcinomatous invasion from an epithelioma of the scrotum, commonly known as "chimney-sweep's cancer," is relatively frequent. The prognosis in carcinoma of the testicle is less favorable than in sarcoma, owing to the abundant lymphatic supply and to infection of the inguinal lymphnodes, which commonly results early in the progress of the disease.

Of the more unusual forms of malignant tumors of the testicle, the writers have seen several cases of hypernephroma and endothelioma. On account of the great variety of these tumors, however, and the fact that their treatment is similar to that demanded in sarcoma and carcinoma, a more detailed description is not warranted.

Varicocele: This condition consists of an enlargement of the veins and cords in the pampiniform plexus. The diagnosis is easily made by feeling the mass, a sensation being imparted to the touch as if a bunch of thick worsted were grasped. Varicocele gives rise to very few symptoms, although it is believed to cause occasional attacks of nuralgia in the scrotal region. Beyond the application of a suspensory bandage, no

treatment is required. When, however, the enlargement is very extensive, the mass being equal to or larger than the corresponding testis, operative procedure is called for.

HYDROCELE: Hydrocele of the cord, which is quite common, is almost invariably a localized condition, giving rise to the formation of cystic tumors in the cord, ordinarily of the size of a large marble, and filled by a clear serous fluid. Care should be taken that these tumors are not mistaken for hernia, which they sometimes resemble, and from which they can be differentiated by the fact that the hernial pouch can be usually returned to the abdominal cavity, the patient lying on the back and the pouch being pressed upward; in hydrocele the mass cannot be thus returned.

In hydrocele there is an accumulation of fluid in the tunica vaginalis testis; the condition can be diagnosed by inserting a hypodermic needle into the mass, when, if hydrocele is present, a clear, slightly yellow fluid will escape from the needle or can be withdrawn. Besides hernia, the only other condition that at all resembles hydrocele is supernumerary testicle.

The ordinary hydrocele is an accumulation, in the serous sac of the testicle, of fluid resulting from some charge that takes place in the walls lining the tunica vaginalis testis. The nature of the pathologic change is not well understood. The accumulation gives rise to a pear-shaped swelling in the scrotum. Generally, the condition is unilateral, but double hydrocele of the tunica vaginalis is not very uncommon. The latter gives rise to a pear-shaped swelling involving the entire serotum; this swelling is at times enormous; the sac will occasionally hold a pint or more of fluid.

The diagnosis is easily made from the shape of the swelling and from the characteristic resistance on palpation; it can be confirmed by introducing a hypodermic needle and examining any fluid that may escape. It is unattended with any inflammatory reaction, and does not, ordinarily, give rise to pain. It more commonly attacks the young, in which case tuberculosis sometimes plays a part, or the condition may be congenital. It is also very frequently found in later life, often associated with some change in the prostate or walls of the bladder. Hydrocele is in all probability temporarily associated with attacks of acute epididymitis or orchitis, and ordinarily, in such cases, subsides without special treatment.

Tapping is a conservative measure.

The term acute hydrocele has been applied to represent the accumulation of fluid in the tunica vaginalis which accompanies the acute inflammatory condition of the testicle or

the epididymis just mentioned, while chronic hydrocele is applied to the more ordinary condition, of which we treat in detail. It is customary, in addition to the other measures, to diagnose the various forms of hydrocele by the so-called light test, which consists in a light being placed on the side of the sac, the tumor coming between the light and the eye of the observer, these sacs being translucent.

There are, in addition, several forms of congenital hydrocele caused by some communication between the tunica and the abdominal cavity, or due to retention of some of the fetal tissues. They are comparatively rare and easy to destroy, their diagnosis presenting no great difficulty, and they should be treated as hydrocele of the cord.

Multilocular Cysts: Although they occur probably but seldom, occasionally multilocular cysts are met with forming a hydrocele. We have operated on one such case. They can be diagnosed before operation, which is probably rarely done, if on aspiration only a small amount of fluid comes away without complete reduction of the sac. The treatment should be that of ordinary hydrocele.

Hematoma of the Cord: In this condition a tumor is present in the cord which may be encysted or may extend well along the length of the cord. It is due to and made up of an infiltration of blood from the blood-vessels. These tumors are caused by an injury to the cord of some character. The diagnosis is easy from the history of the case, the presence of a hard, non-translucent tumor, which does not involve the testicle or the epididymis, and which is not reduced when the patient is in a reclining position, as would be the case if a hernia were present.

The treatment is to open the tumor. If possible, remove any cystic wall present. The infiltration may be so diffuse, as in the case treated by one of us, that this procedure cannot be carried out. Scraping out the infilterated material, however, is eventually followed by a gradual absorption of any thickening that may remain in the cord.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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THE INDUSTRIAL ACCIDENT LAW

This law has been in effect for a sufficient length of time to enable us to observe its workings. Among our colleagues there has been an earnest endeavor to work in harmony with the spirit as well as the letter of the law to the end that it might be given a fair and impartial trial. In the majority of cases the results have been satisfactory to all parties concerned.

Where there has been dissatisfaction it usually has been that the patient expected to be cared for in a style quite beyond what he himself would have been willing to pay for, not realizing how little $12.50 per week can be made to cover in hospital care; or, he has felt that he was neglected by his doctor for a like reason. On the other hand some doctors are dissatisfied because the amounts stipulated in the fee bill are so small, not realizing that the worker who is earning less than $1,000.00 per year and rearing a family can not possibly have much of a surplus to pay a doctor for repairing his injuries, and the renumeration if paid by the patient himself must of necessity be small indeed. As we understand the

matter, "The Workman's Compensation Insurance and Safety Act" was intended, in so far as the doctor is concerned, to provide such services and pay such average fees as the workers themselves would have received and paid prior to the enactment of this law. It does not make the poor man rich, neither does it provide for him any better care than he had before. It simply distributes the burden of his injury and consequent disability over a large number. Briefly, it is compulsory insurance by the State in behalf of a certain class of its citizens. Being an innovation it has met with a good deal of opposition, but it seems to the writer that the idea is gaining ground and that the law is a beneficient one. Another point in favor of the law has been the evident fairness of its administrators.

The following article, while not an official statement from the Medical Department of the Commission, yet the association of the writer gives it more than ordinary interest.

SOME REMARKS ON INDUSTRIAL INSURANCE WORK

M. E. Rumwell, M.D., San Francisco

(Read before the San Francisco County Medical Society)

The writer asks that these remarks be regarded as entirely informal, and not authoritative, and that any statements be regarded merely the outcome of a brief experience with the Medical Department of the Industrial Accident Commission of California.

The Workmen's Compensation, Insurance and Safety Act is a law and has been in force for nearly a year and a half, during which time the Medical Department of the Commission has gained many impressions and in some instances conclusions have been arrived at. These impressions have been modified from time to time, but the increased interest, more friendly attitude and the added co-operation of those medical men with whom it has come in contact has led this department to think that at least some of its conclusions are along the right track. It is quite impossible to cover the whole field in a paper of this sort and it is simply in the spirit of endeavoring to present to your society some of these ideas as they exist at the present time, that this paper is offered.

Very briefly, the fundamental idea of this whole act is to get the injured, idle, unproductive man back to work and to help him during his enforced idleness following accidental injury.

The relations, under the law, of the injured person to his employer and doctor are fairly definite. He is protected in that medical care must be accorded him by his employer for

a period of ninety days following his injury. His relation to his doctor under these circumstances is a satisfactory one in that it is incumbent upon him to rigidly follow out the latter's instructions. Failure on his part to comply with these jeopardizes any compensation which he might receive under the law. Having the patient under proper discipline naturally aids the medical man in securing better results.

The relations of the medical man to the insurance carrier, in order to be put on the best footing, carry certain obligations on his part. He must remember that he is to be reimbursed by the insurance carrier, and therefore if he accepts such arrangement he should aid the carrier by keeping it informed as to the nature and progress of his case. This is accomplished by rendering accurate and early reports.

These reports have aroused a great deal of discussion. They are necessary from a business standpoint. There is no need for them to be made onerous by the carrier. They can be brief and a multiplicity of reports should not be demanded. It has been noted, for instance, that certain final reports are asked of physicians, involving the answering of a great many questions necessitating the consulting of history, interviewing of patient, etc., procedures taking up at least twenty minutes or a half hour. For this no recompense is offered the surgeon. These reports are not needed in the average case, as enough information has been gained by the first and necessary subsequent reports. Extraordinary procedure where needed should be reported and the carrier given the opportunity to advise in the premise. The carrier is responsible for the cost of these, and has the right to be kept informed as to their nature.

As to the making out of bills for services rendered, it is only fair that doctors state definitely what they have done. This is a business proposition. An intelligent approval of such bills is contingent upon a full description of the service rendered. Doctors must also remember that many of these companies operate from a distance, and that offices in this city are merely branch offices and business transactions taking place here are subject to the scrutiny of their home office. If a medical man is chosen to take up this work it is incumbent upon him to see that care of his case does not involve attention that is not absolutely necessary. For instance, one doctor having charge of a fractured patella, rendered a statement in the sum of $22.50 for setting this fracture, after which he made 168 visits at a charge of $2.00 a visit. Comment on such statement is not necessary.

As to the relation of the insurance carrier to the medical man: The wide institution of insurance against industrial accidents, in this state at least, is a new procedure, and in all probability as time goes on some of the methods adopted by insurance companies will be modified, and it is likely with a better understanding of the work in hand, that confidence between the insurance carrier and the doctor will be greatly increased.

The employer in purchasing insurance against industrial accidents conveys the whole responsibility of the care of the injured individual, consisting of proper treatment, hospital attention, etc., to the carrier. Therefore the carrier assuming this responsibility, is required to select medical men to take charge of its cases. No fault can be found with such action if the choice is made with reference to the ability of the medical men and the suitability of their surroundings in the treatment of these cases; but where such choice is made with the simple idea of diminishing medical fees, the Medical Department of the Commission believes that the end result will prove a poor one from an economic standpoint. In discussing this matter the medical director of one of the insurance carriers stated that they used the fee schedule as adopted by the State Medical Society, but that in large cities they had another schedule because they found that they could have the work done more cheaply where proper organization could be attained. It is right and proper that insurance carriers should be conversant with the personnel of the men employed, but it does not seem wise that they should interfere with the prerogative of the average man in attending these cases if he so desires.

Carriers have assumed the right of reducing fees. The Medical Department of the Industrial Accident Commission thinks that they might also exercise the reverse function, and raise fees where the doctor has erroneously claimed less than the fee schedule entitles him to.

Being responsible for the payment of medical attendance, the carrier under the law has the right to remove its case from the hands of one doctor, and place it in those of another. The mere fact that the original attendant on the case has not some arrangement with the carrier for the payment of services, is not, in the opinion of the Medical Department of the Commission, a good and sufficient reason for such action; and it believes that any regularly licensed practitioner who desires to do this work under the provisions of the fee schedule, should be protected in that prerogative. It desires that the patient

and employer be satisfied with the selection of medical men, and it believes that the confidence of the patient in the ability of his own medical man, is a great factor in aiding in his ultimate recovery and his return to work. It is undoubtedly a fact that such individual would have more faith in the word of his own doctor and will believe that his own doctor will have his interest more at heart. In turn the medical man will be more familiar with the idiosyncrasies of the patient. Accordingly, all other things being equal, the State Compensation Insurance Fund has allowed the injured individual to select his own medical attendant. However, under certain circumstances the fund endeavors to guide in this selection, and recognizes the services of regularly licensed practitioners of medicine and surgery ONLY as being eligible to care for industrial accident cases coming under its jurisdiction, and insurers are advised that the services of such as osteopaths, chiropractors, naturopaths, etc., are not acceptable unless prescribed by regularly licensed practitioners of medicine and surgery.

The remarks immediately above must not be construed to mean that the commission or fund believes that the injured workman should necessarily have his own doctor. The law provides that the employer should furnish medical care. However, a liberal interpretation of this should be allowed as indicated above.

The question of suit for malpractice in the care of these cases has been spoken of. The doctor, though paid by the insurance carrier, acts for himself and plays the role of an independent contractor, and therefore is responsible for the medical attendance on the case. However, if the insurance carrier has employed the doctor, and he, through inefficient treatment has prolonged diability, etc., then the carrier has by negligently employing such an inefficient man, rendered itself responsible for any increase in medical cost or compensation which may arise out of improper treatment.

However, it is undoubtedly true that the insurance company through the regular administration of its business, can be of the greatest aid against such suit. No man who has proper records on file, who has by the aid of the insurance carrier had consultation and laboratory investigation, who has on record testimony as to the progress of the case, nature of treatment, and who has given conscientious care to his patient, need worry about the result in any suit for malpractice. The Industrial Accident Commission is endeavoring to maintain an attitude of discouragement toward such proced-

ure, and incidentally it has been found on inquiry at the office of the State Medical Society, that there is record of but two suits having been filed in this type of work.

It does not come within the scope of this paper to discuss the fees as adopted under the fee schedule, but the writer will take the liberty of stating in part what, in the opinion of the Medical Department of the Commission, is a proper interpretation of this schedule. The carrier has to be guided by some standard. This standard in this state is a fee schedule, and the interpretation of this fee schedule is a matter of the greatest importance. The very nature of medical service is such that a fee schedule must be elastic. In rendering statements for their services medical men must be honest in the amount of attention given to the individual case and in the estimate of the value of the same. It is essential that a feeling of confidence be established between the insurance carrier and the medical man. Undoubtedly at the present time many medical men feel that any statement rendered to an insurance company is liable to be subject to request for reduction; and many insurance carriers believe that statements rendered by medical men are made out with the idea of meeting such request. Fundamentally this is all wrong.

It would seem at the present writing that an endeavor toward the establishment of a better feeling in this relationship might be instituted by the insurance carrier. If the insurance carriers are willing to accept and do accept reports from medical men as to the condition of the injured individual, as to the degree of disability suffered by him and so on, then the insurance carrier should be willing to accept the word of the surgeon as to what will be the proper remuneration under the schedule for the service he has rendered. In this very regard may be mentioned the fact that the Medical Department of the Commission has come in contact with schedules issued by carriers doing business in this state, which are at variance with that adopted by the State Medical Society, Industrial Accident Commission and insurance carriers. In the very first part of this latter the following paragraph is to be found: "These fees represent a minimum. Fees higher than schedule will be approved when warranted by extraordinary difficulties encountered by the surgeon." In one schedule issued by an insurance company this whole paragraph is omitted. In the fee schedule issued by one other company, the fact that fees quoted represent a minimum, is omitted. The Medical Department of the Commission holds that such modification of the fee schedule is not in keeping with the

establishment of the best relationship between the carrier and medical man.

Industrial accident surgery is not altogether the work for the young and inexperienced man. It is well to remember that other issues are at stake beside the mere relation of doctor and patient; the mere matter of treating a man and getting a result. There has to be taken into consideration the future ability of this man to earn his living, the payment of compensation in case he is not fully recovered, and the matter of future justification of the methods of treatment used—all of which may be subject to the scrutiny of the Industrial Accident Commission.

In many instances it has required men of the very keenest power of observation and great clinical experience to cope with some of the problems that have arisen. Take, for instance, the matter of malingering, cases coming under the caption of the "traumatic neuroses," serious bone injuries, and many other pathological conditions necessitating mature and sober judgment. The character of the reports that come under the observation of the Medical Department of the Commission, have very accurately confirmed the opinion held by it of the ability of the doctor and the work done by him.

Increased attention has been drawn to certain pathological lesions. In this regard could be mentioned instances where very serious skeletal injuries have not been found until a referee has investigated the case, for instance, a number of fractures of the spine have been discovered where no mention of the same has occurred in reports from the first attending surgeon. Special attention has been drawn to injuries of the hand with especial reference to the proximal row of carpals, to the presence of constitutional affections such as syphilis, tuberculosis and their relation to accident, and increasingly to the relation between tumor and trauma. These latter having great significance in the matter of cause and effect as bearing on compensation.

Considerable misunderstanding has existed as to what reports should be rendered the Industrial Accident Commission and the State Compensation Insurance Fund. All industrial accidents requiring medical aid or causing disability lasting through the day of injury, must be reported to the Industrial Accident Commission. The State Compensation Insurance Fund is an insurance carrier and from surgeons attending injured individuals whose employers are insured with it, the fund asks a preliminary, brief surgical report covering the accident sustained. This is practically all that is asked. This

report consists of but eleven questions, one-half of which can probably be answered in one or two words. Subsequent very brief bi-weekly reports are asked where cases are of a serious nature requiring continuous medical attention, or where compensation is being paid. Where report is asked and is contingent upon examination being made, such examination is paid for.

In considering bills for services the spirit of the fee schedule is followed out, and fees as noted therein are regarded as minimum. A representation of unusual service is always considered. In this consideration the medical man is given the benefit of the doubt as he is on the premises and knows what is required. Where it is the question of approval for unusual procedure not scheduled, advice is sought from men doing similar work as to what would be a proper fee under similar circumstances. The fund holds that the medical man is its representative, and relies upon him to carry out these services as economically as is consistent with good work and the proper payment for the same.

This work is a good work. It would seem that as time goes on, the attitude of many which at this time may not be favorable, will change, and as the work is better understood, it will be found to be of greater interest and profit than is now thought. The writer believes that the great factor in work toward better understanding between the insurance carrier and the doctor, is the establishment of good faith. Once this is accomplished, the attitude of all toward this work will materially change. The injured man will receive better care and consideration. The insurance carrier will be asked less for medical expense and compensation. The cost of this care, namely, the payment of premium on the part of the employer, will be diminished, and the doctor will be properly paid for his work.

(California State Journal of Medicine)

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; J. F. Barbrick, M. D., Consolidated Realty Bldg., Los Angeles, secretary.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held in the banquet room of Christopher's Cafe, October 5th, where a dinner was served at 6:30 P. M., at which about fifty were present. After the dinner the meeting was called to order by Vice President T. C. Young, President O. C. Welbourn being unavoidably absent.

After the minutes of the previous meeting had been read and approved the special subject for discussion at this meeting were announced as follows: Coalition of the Eclectic and Homeopathic schools of medicine and ways and means to protect our interests and advance the cause of Eclecticism. The first subject was ably presented in all its phases by Dr. H. C. Smith and excited a lively discussion both pro and con, the concensus of opinion being against an amalgamation of the schools, but in favor of an alliance of professional and political interests and efforts, although it was thought the fight should be done by the two bodies separately, the idea being that two individual endeavors even though along similar lines would in this case be more effective than one combined action. For the second part of the programme the following ways and means committee was appointed by the chair: Drs. O. C. Welbourn, Scudder, Smith, Cox, Baird, Freedman and Barbrick. The paper of the evening, "What Shall We Do to Be Saved," by Dr. Ella M. Caryl, was an enjoyable treat to all who heard it. It appears elsewhere in the Journal.

The meeting was interesting and instructive and started a wave of enthusiasm which we hope will continue. The following committee will have in charge arrangements for next

month's meeting: Drs. Baber, P. M. Welbourn and Clark, Members who are not attending these meetings are missing something and it is hoped the next one will be even better than the last. Dr. Baber will read the paper at the next meeting. Upon motion the meeting adjourned.

DR. J. F. BARBRICK,
Secretary Pro Tem.
DR. T. C. YOUNG,
Vice President.

NEWS ITEMS

Dr. Lewis Lee has changed his address from Potter Valley to Seabright, California.

Dr. E. R. Petskey is visiting relatives in Long Beach, having been forced to leave Mexico because of war conditions.

Dr. I. Woodin, Independence, was in Los Angeles last month to visit his patients in the Westlake Hospital.

Dr. Hanna Scott-Turner, Pomona, was in Los Angeles for a few days recently, having come down to get a much needed rest.

Among the out-of-town members attending the last County Society were Dr. and Mrs. Pyle and Dr. and Mrs. Crook of Long Beach and Dr. Smith and Dr. and Mrs. Young of Glendale.

Dr. John Buckingham, who is located in Big Pine, Cal., was in the city a few days last month. The doctor accompanied a surgical patient to the Westlake Hospital.

Dr. L. H. Freedman has been appointed first assistant health officer of Los Angeles, which is a position of great responsibility, but which Dr. Freedman will fill with credit to himself and the profession.

Born: To Dr. and Mrs. D. G. Johnson, a son on September 15th, 1915. Dr. Johnson was a graduate of the C. E. M. C., 1914, and is located at Ardmore, Oklahoma. The Journal congratulates the happy parents.

Dr. and Mrs. E. L. Welbourn, from Indiana, are visiting in Los Angeles for a few weeks. They came west over the Canadian Pacific Railroad and have been seeing the two California Expositions at San Francisco and San Diego.

Mrs. Hayes, wife of Dr. J. S. Hayes, Los Angeles, suffered a severe injury recently while visiting in Denver. She fell down a short flight of steps and sustained a Colles fracture of each arm which has caused her much suffering.

Dr. W. B. McMakin has left Long Beach, California, and returned to his former location in Washougal, Washington. Recently the doctor was the victim of an unfortunate accident

when he suffered a fracture of both bones of his arm—his automobile engine back-fired.

The next meeting of the Los Angeles County Eclectic Medical Society will be an "old fashioned Eclectic Experience meeting," and we urge you not to fail to be present and come prepared to speak freely of your extensive experiences that others may benefit therefrom. The committee has arranged for the meeting at Christopher's Cafe, 551 South Broadway, where a dinner will be served at 6:30 p. m., November 2, after which the paper of the evening will be read by Dr. Baber, duly discussed, and the program concluded by "Eclectic Experiences," in which all present will join.

Doctor, the County Eclectic Society meetings mean something to the Eclectics of these parts and should be supported and attended by every Eclectic in Southern California. The meetings are held monthly on the evening of the first Tuesday of each month. Remember this and arrange if possible to give this one evening each month to Eclecticism.

It is a duty you owe to yourself, to the community you serve, to your school of medicine in particular and your profession in general. If you are not a member of our society, Doctor, join it at this next meeting and help both yourself and us.

Kindly notify us at once, by phone or mail, if you will attend this meeting so plates can be reserved for you. Plates, 75c each. Friends and visitors permitted.

By order of the Committee,

P. M. WELBOURN, M. D.,
JOHN. M. CLARK, M. D.,
KENNETH P. BABER, M. D.

WANTED—An Eclectic to take charge of my practice January 1st, while I take a post graduate course. Later the practice will be for sale at a very small price. The location is on the delta of the Sacramento River and a very prosperous country. For particulars write this office.

The California Eclectic Medical Journal

Vol. VIII DECEMBER, 1915 No. 12

Original Contributions

PODOPHYLLUM AND PODOPHYLLIN

Herbert T. Webster, M. D., Oakland, Cal.

At one time, podophyllum peltatum was a gigantic factor in Eclectic medicine. How the name used to roll under the tongue when I became a medical student. **Podophyllum peltatum!** If it was not of as much importance as calomel—if it did not possess a soul, it came very near doing so, for it was supposed to be a **vegetable** calomel. If it was not incarnated, it came mighty near it. True, while it was Eclectic religion to curse that abomination, calomel, there always lurked a mysterious sentiment of veneration among some of the elect for that drug, and occasionally one sneakingly worked in a dose of the forbidden agent, though always surreptitiously, for the brethren would be sure to set up a howl if such a falling from grace were discovered.

Even prominent allopathic authorities condescended to notice podophyllum peltatum. Bigelow, therapeutic author and then quite an authority in the old school, remarks, as to this agent: "We have hardly any native plant which answers the common purpose of jalap, aloes, and rhubarb, and which is more mild and safe in its operation." **Mild!** But then, remember, this was an allopathic estimate of "mildness" those times. Beach, however, differed with this revered authority somewhat, as to its mildness, but he assures us that it possesses one great merit—will fulfill all the indications for which calomel is given. Here are some of his words, found in his "Materia Medica:" "We have found this root very valuable in many inveterate chronic diseases, such as venereal, scrofulous, bilious, and dyspeptic complaints; also in dropsy." Notice it was an all-round remedy; what the Homeopaths would have termed "a polychrest," if they had fallen in love with it. But to continue

Beach's eulogium: "The mandrake often produces nausea and vomiting, and is, upon the whole, more unpleasant than some other purgatives." According to Bigelow's standard, however, it is a very mild and safe remedy. "But," continues Beach, "as far as my experience goes, it has a peculiarly beneficial effect upon all the secretions and exeretions, stimulating them to a healthy action and often answers the purpose of both an emetic and cathartic. It is excellent in chronic affections of the liver, and in all bilious complaints, indigestion, etc. I have given this preparation with invariable success in a variety of complaints. It is a powerful medicine, and requires caution in its administration; yet it will fulfill all the indications for which calomel is given, and produce none of the ill effects of that mineral." Of course it was a compliment to us to have Bigelow notice it at all, even though he considered it mild. Our veneration for allopathy was none the less then than now.

But what an epoch the discovery of podophyllin marked. Mandrake possessed an active principle. Glory be! What a triumph for our school. I remember a little anecdote told to the class by Professor Howe, during my attendance at the E. M. Institute: The Professor was riding with a somewhat witty and caustic layman acquaintance, and chanced to pass a doctor sign bearing the legend, "Ecleetic." "Eelectic," quoth Howe, mischeivously, "What does that mean?" "P—s and podophyllin," was the prompt reply. It was quite common, in those days, for the patient to carry a vial of urine with him when going to consult the doctor, and Eelecties had quite a penchant for that sort of thing; one not so bad to observe these times, though we now do more than hold it up to the light, look at it, shake it, and look wise. That was before the days of specific medication.

This is rather a naughty story to tell, but my defense is that Prof. Howe is my authority. It illustrates the fact that even in the days of the podophyllin fad there were a few skeptics, who could see the ridiculous side. There was an immense amount of earnestness among the majority those times, but we can now look back and wonder how there could have been so many dupes. Liver and alimentary canal superstition was rampant.

The discovery of podophyllin was an accident. Shall I say two accidents? Perhaps; but wait. Even if an accident, it was a great triumph for Eelectic medicine, even though many a poor soul suffered the tortures of purgatory through

its drastic action. It would rake out the liver and scrape out the bowels; and many would endure its action with patience and long suffering; for were they not escaping the effects of calomel? It would cause burning sensations in the throat and esophagus, and a most disgusting nausea, as well as a frequent running to the back door. Copious yellow stools would bear testimony to its efficacious operation on the liver. Of course the liver had not graduated then, and it was consequently the seat of all evil. I ought to be able to describe the potent action of podophyllin, for I have experienced it more than once. When I was a boy, our family physician was an old-fashioned Eclectic, and the drug was popular when I was a medical student. Naturally, I then knew what I was taking. Even now, we occasionally find an "old timer" who pins his faith to podophyllin. He believes in a torpid liver.

Not long after the appearance of podophyllin in the medical world a controversy arose as to whom the credit of introducing it belonged. Professor John King claimed it, and possibly justly, though Wm. S. Merrell questioned his claim. Both accidentally observed a sediment left after pouring off liquid preparations of mandrake root, and at about the same time. The American Dispensary ascribes the discovery to Professor King, and Beach's Materia Medica to Mr. Merrell. I believe the contention still survives. However, it is an empty honor. About that time the Eclectic stronghold, Cincinnati, was somewhat split up, so much so, that in one instance an honored professor, not gently, kicked another one down a college stairway. Among other things, both factions claimed podophyllin as their own. In fact, both wanted to get everything in and about Cincinnati away from each other, and two Eclectic medical colleges in the same town resulted.

Columbus discovered America, and so did Vespucii; although Lief the Lucky spent several holidays on American shores a number of centuries prior to their time. But that don't count. Morton discovered anesthesia, and so did Sir James Simpson, about the same time.

However great the discovery, in my mind it would have been better for humanity if mandrake root had been left in the ground, and if it had never been manipulated in such a manner as to develop an active principle, or resinoid. Since it has been learned that the best way to medicate the liver is to cease meddling with it, or at best to only encourage, by gentle measures, its functionation, there is little need for this agent. True,

in attenuation, it will not do much harm, but there is hardly a condition or indication that cannot be met with other and better means. The time is not far distant when the drug will become obsolete.

Professor Scudder writes, in his Specific Medication, that it is a stimulant to the solar plexus and is indicated by full tissues, full veins and full tongue. However, he prescribes it in minute doses in combination with phosphate of hydrastia, or alone in the first centesimal trituration. A very trite remark of his is, that it has been administered in too large doses. I do not know that I have ever observed the combination of symptoms suggested by this authority, but his observations are generally correct.

Mandrake has one really useful place, though it is seldom made use of in that particular. It is in the preparation of the Eclectic irritating plaster. I have done it an injustice then in stating that it ought to have been left in the ground for good. This plaster is a most valuable agent in some chronic joint affections, and even in some internal organic troubles, when judiciously and persistently applied. I apologize.

As an internal remedy, however, excuse me. Every one has his prejudices, more or less well developed. Possibly I am prejudiced against this agent. But then, I have taken it in old-fashioned doses myself. A burned child dreads the fire.

A FEW THOUGHTS AND SUGGESTIONS FROM A RECENT GRADUATE

Kenneth C. Baber, M. D., Los Angeles

(Read Before the Los Angeles County Eclectic Medical Society)

Being a member of the class of June, 1915, C. E. M. C., and with so short an experience in the medical profession; I feel that should I attempt at this time to write a paper in which I would discuss certain drugs, their action, indications, etc., or submit case records with history, symptoms and treatment—it would be entirely out of place and a very old story to my fellow members.

Very few of us indeed are fortunate enough to go from school and immediately step into a practice which keeps us busy even one-half of the time, so I am afraid my discussion on drug therapy and unusual case records would not contain many thrills for the most of you here this evening.

Occasionally we do have a case which seems somewhat out of the ordinary and we feel that the attention of the entire medical world should be called to it, but before doing anything rash we call up one of our old professors and after telling him our tale of woe, and he asking a few questions regarding some important points in diagnosis he up and knocks us clear off our feet with something like this—"Well, cheer up, Doc," your patient may live a few days more, but tonight give him one ounce of castor oil and tomorrow morning on an empty stomach give him a few doses of that tape-worm remedy I told you about; follow this in about three hours with some more castor oil, and very soon your troubles and the patient's will be over.

Well, after fully recovering from the shock, and thanking the Doctor for his kind suggestions—we immediately get busy and in the due course of time the desired results are obtained. This is just a sample of some of the sad and most humiliating experiences the most of us have during our first few months in practice.

When we are "Sophs and Juniors" it all seems easy enough and nothing particularly seems to worry us, but by the time we have reached the second semester of our senior year we begin to sit up and take notice—if it isn't final Examinations at school it is State Board that is beginning to fill us with fear and trembling. But now that these are all over I can truly say that Senior Exams and State Board haven't a look in when it comes to making us sit up and take notice. It is now that the real worry has come and it simply means dig from morning till night—if the worry does not concern some patient then it is the office rent, grocery bills, etc., that we must get busy on.

Many of the beautiful dreams we had while in school have surely been shattered many times and the cold realization of facts, as they really are, have taken their place; but let us take the bitter with the sweet in the hopes that our struggles now and the sacrifices which we have to make are only factors that will serve to make us better men, and better physicians for the future.

I did not mean to infer from the first part of this paper that at our monthly meetings we should discuss only the unusual cases that come to us or the cases that were particularly hard to diagnose and treat, but I think we should have one or possibly two papers each meeting by some of the older members of the society, discussing diseases that we are liable to be called

to any day, such as measles, whooping cough and scarlet fever, or possibly on hygiene or medico legal cases.—To the younger members of the society especially these papers would be very beneficial and interesting, and your experiences will be worth a great deal to us.

I can see no reason why the L. A. County Eclectic Society should not be a grand success, both from a social as well as a scientific standpoint. All it takes is for each and every one of us to wake up, get out to the meetings and do our little part in making the meetings most interesting and worth while.

I am very glad indeed that I had an opportunity to become an Eclectic physician and to join this society.

To me "Eclecticism" is the most rational as well as the most scientific system of internal medication of today, Specific Medication.

We do not advocate or administer specific remedies or combination of remedies for pneumonia, typhoid, dysentery, etc., but we do prescribe specific remedies for specific pathological conditions.

THE OLD ECLECTIC CONCENTRATIONS

John Uri Lloyd, Phar. M., Cincinnati, Ohio

These compounds came near discrediting the cause of Eclecticism half a century ago. Physicians of the present day scarcely comprehend the manner in which they invaded the Eclectic Materia Medica in the face of the most pronounced resistance of the leaders of the school. The following extracts of that day is illustrative of the views of the men concerned in the school's progress.

"In 1855, much of Eclectic Medicine was an unmitigated humbug. It was the day of the so-called **concentrated medicines**, and anything having a termination in "**in**" was lauded to the skies. It was claimed that these resinoids were the active principles of the plants, and as they would replace the old **drugging** with crude remedies and teas, they must prove a great boon. But they did not give success, and finally, after trying them for a while, the practitioner would go back to the crude articles and old syrups and teas with success; or he would settle down to podophyllin catharsis and quinin."—From Editorial by John M. Scudder, M. D., in Eclectic Medical Journal, March, 1870.

"The so-called concentrated remedies are especially condemned. Thousands of dollars have been taken from our hard-working physicians for these powders, having no more medical properties than so much powdered charcoal or sawdust. One of our prominent manufacturers who has sold them for fifteen years, confesses that there are not more than a dozen in the list which are valuable, and it might even be reduced below this. Another stated that the more honest the manufacturer, the poorer the medicine; that the rogue who dried and bottled the **extract,** really sold the best medicine."—John M. Scudder, M. D., from article in Eclectic Medical Journal, August, 1870.

Concentrated Medicines: I have been accused of unjustly opposing these remedies, and discrediting them to the profession. I confess to having opposed the principle that all the agents of our indigenous materia medica would yield their virtues in the form of a **powder,** and I still continue in the same belief.—Dr. John King, editorial in the Eclectic Medical Journal, Vol. XXXI, p. 96, 1862.

To this may aptly be added the far-reaching paragraphs of Dr. King in the Preface (pages 9 and 11) to the American Dispensatory, 1870.

To this may be added such expressions as the following, from a series of articles titled "**Pharmaceutical Chemistry,**" 1875, in which the writer thus refers to the substances under discussion:

"I have commenced this series of articles with the opinion that unless we go over and examine into the peculiarities of the complex elementary bodies that constitute medicinally the bone and sinews of our crude plants, many of us will in no wise be in circumstances either to understand clearly the nature of the pharmaceuticals themselves, **as they are,** or the nature of the pharmaceuticals **as they should be.** . . . Again I desire **particularly** not to have the term alkaloid, as used by me, confounded and connected with a certain line of stuffs called indiscriminately by the several names of resinoids, concentrated medicines, and alkaloids, for never, under any circumstances, do I even refer to these nostrums as medicines."—John Uri Lloyd, Eclectic Medical Journal, May, 1875.

THE IMPORTANCE OF A CORRECT SURGICAL DIAGNOSIS IN OPERATIVE WORK

Dr. B. Roswell Hubbard, Los Angeles, Cal.

The principals underlying the successful practice of surgery is, in this age, well understood; yet I am sorry to say, that in far too many instances these principals have not been mastered by the many professional men who are aspiring to be operators in this branch of the profession. We all agree that a thorough knowledge of anatomy and physiology forms the basis from which we measure morbid conditions. The natural form, size and location of the bones, muscles, nerves and vital organs of the body as well as the appearance of exposed tissue is noted and must be minutely understood before a morbid state can be fully comprehended.

At a period not so far back in the past but what the older members of this convention can well remember, members of the medical profession thought that they were well able to practice surgery after grounding themselves in gross and surgical anatomy; little was known of bacteriology, and surgical pathology did not seriously disturb the minds of the wielder of the knife. The success of surgery of today is due to a wider field of study. Surgical pathology and bacteriology has attained such prominence that special courses in this line of work are given in all of our up-to-date medical colleges.

Many of our large hospitals have on their staff one or more clinicians who are skilled in some line of research work to whom is referred the physical condition of patients before they are submitted to operation; and this course is commendable as the great success following operative work is largely due to the selective care exercised previous to entering the operating room. Following a careful microscopical survey of the patient, his life's history should be carefully reviewed regarding any hereditary taint with which he may be suffering—viz., syphilis. erysipelas, tuberculosis and mental aberations; and in this connection he should be queried regarding attacks of malaria, rheumatism, gout, skin diseases, scorbutus and other depleting affections, as chronic nephritis, diabetes and hemaphilia.

Individuals suffering from anemia or addicted to intoxicating beverages are not fit subjects for operative procedures, Syphilitic and eczematous diseases often exhibit themselves in many different phases; the treatment of which should not

be directed solely to the local manifestation of these affections lest the suppression result in driving the systemic disease to some remote part of the body. The morbid condition is to be attacked by internal medication at the same time remedies are applied topically.

An individual ailing with arterio-sclerosis and aneurism of some vessels, if in a marked degree, is unfit to undergo surgical operation, especially if the person be past the age of fifty, fat and wheezy, with poor digestion; with such, confinement in bed for any length of time, is not well endured.

Cellulitis and gangrene not infrequently follow operations on patients suffering with diabetes in an advanced stage, and those suffering with chronic bronchitis and tuberculosis of the lungs usually take a general anesthetic badly, and wounds on such heal slowly and may reopen and refuse to heal afterward.

Individuals suffering from organic disease of the liver, if chronic, with icteric manifestations, withstand surgical operations badly, as do those afflicted with structural heart disease with respiratory interference. Functional wrongs of the kidneys complicated by glycosuria, if pronounced, contraindicate surgical operations, as wounds in such cases often refuse to heal. If the healing process is fairly good other complications may arise from confinement in bed and the necessary change of conditions and habits necessary for a successful recovery. A case illustrating the post-operative danger in such cases is that of a man some sixty-five years of age who had, for a number of years been passing a considerable amount of sugar resulting in a progressive wasting of the body tissues, dimness of vision and anesthesia and slight edema of the feet and legs, accompanied with marked soreness of the structures of the feet. At the time the writer was called to see him the toes and several small areas on one foot were dark purple, indicative of approaching gangrene. The destructive condition developed so rapidly, in spite of the application of active antiseptic and stimulating lotions that it became necessary to amputate the leg midway between the knee and ankle to prevent systemic infection. The amputation was done under local anesthesia to prevent shock. By the tenth day the skin flaps seemed well united and the patient in fairly good condition, but after rather a sleepless night he asked for a small dose of morphine but sterile water was given him hypodermically instead, after which he turned on his side and remarked that he

would now have a little nap and then would feel good the rest of the day. In about thirty minutes the nurse found him dead, while sleeping his heart stopped beating. This result was just as likely to have happened during the operation instead of when it did owing to his extreme morbid condition.

For the reason that confinement in bed often reduces the physical status of individuals ailing with epilepsy, insanity and hysteria, as a class, they are not good surgical subjects. The restraint necessary for a speedy recovery is, as a general rule, not well borne.

Persons addicted to strong drink make poor surgical subjects; wounds do not heal well and they withstand confinement very badly. Enlarged and torpid livers often results from excessive beer drinking and the long-continued use of wine and other liquors frequently ends in nephritis and digestive disturbances. Individuals sorely impressed with malarial poison is often made worse by being subjected to surgical operations; their wounds usually inflame and suppurate as a result of active post-operative fever, and the physical condition is notably reduced from digestive disturbances if the nature of the patient's condition is not early discovered and remedial measures adapted to modify the poison.

For obvious reasons no person suffering from erysipelas should be subjected to operative measures except it be of an emergency character, and under this head might be mentioned the immediate relief of mangled limbs, strangulated hernia, retention of urine from enlarged prostate or other causes, esophagotomy and the like, and then the utmost care is counseled to obviate possible complications.

No expert surgeon ever attained his eminence without having been a close observer of morbid conditions and a ready interpreter of diagnostic signs. It requires as much diagnostic skill to know when it is necessary to lop off a limb or to cut for a cystic calculi as is shown in the ability to execute the work. It is not difficult to adjust a luxation of the hip joint once the diagnosis has made it clear that such a condition exists, but it often taxes the highest order of skill to determine between a dislocation of the hip and a simple fracture of the cervix femoris. Sooner or later a serious blunder will be committed by the surgeon who delegates to himself the ability to determine at a glance any existing morbid state. The experienced cautious operator will take time to observe every symptom

bearing upon the case in hand, and never jump at hasty conclusions.

As an aid to correct diagnosis of surgical ailments we have recourse to instrumental measures to confirm our opinion as to the true nature of the morbid state. If a vesical calculi be suspected a steel sound introduced in the bladder and so manipulated that the end will reach all parts of the viscus will, if it comes in touch with a good-sized stone, impart a clicking sound that is noted to the operator. The trocar and exploring needle are useful to determine the nature of a developing tumefaction that may be located in regions where it would be somewhat dangerous to plunge a knife. A strangulated hernia, hematocele and aneurysmal swellings are morbid conditions of this nature.

The X-ray is in daily use in many of our large hospitals. Through this agency the expert operator determines the existence of a fracture, dislocation, osseous tumors and foreign bodies in the tissues, and calculi at the various points along the urinary track.

The various kinds of speculums aids us in examining the outlets of the body and the stethoscope is useful in determining the abnormal sounds given off in endocarditis, pulmonary diseases, and the bruit in large developing aneurisms.

By the use of the catheter retention of urine is relieved and the microscope reveals the presence of minute animal organisms and malignant tissue. The hypodermic needle is often made use of to explore and secure some of the contents of small tumors, especially of the cystic variety, and various leisons of the bladder is revealed by the use of the systoscope.

The fever thermometer has an acknowledged value in determining the systemic effect of various morbid affections, and the urinometer gives us the specific gravity of urine suspected of containing morbid matter. A tape measure is often brought into use in determining the ultimate result in the treatment of fracture of the arm or leg, and as aid to detect the variance in size of one limb with that of the other in case of a suspected atrophy following an injury to the soft structures.

Tumors of the larynx cannot be seen except by the use of the laryngoscope, and a magnifying glass is a useful instrument in detecting parasites and determining the character of many cutaneous eruptions.

Chloroform and other general anestheties are often administered to individuals suspected of malingering to escape some unpleasant duty or to elicit sympathy from their friends for some fancied wrong. Anesthesia is also often resorted to to determine the existence of a fracture or other traumatic eondition where manipulation is extremely painful.

The surgeon is bound to take cognizanee of hereditary influences in estimating the chanees for recovery following the severer surgieal operations. A careful inquiry into the history of some individuals suffering from morbid growths, fistulas, suppurating sores, varicose ulcers and the like, will often bring to light a hereditary taint that becomes a prominent factor in the ease and is deserving of respectful thought before the final decision is rendered.

To syphilitie infection is ascribed the cause of more eomplieations in surgical work than from any other inherent morbid state of body. The taint often crops out when and where it is least expeeted and in a manner that is very deceiving, especially to the inexperienced observer. It is said that "a chaste woman who has borne children to a syphilitic husband is in a condition to bear syphilitic children to a second husband who is uncontaminated; and a healthy wet nurse may become infected through a nursling and transfer the disease to her own family, though she and her husband have lived blameless lives."

Some years ago the writer was called to treat a slight injury to the eye in a lady some thirty years of age. There was a slight abrasion of the cornea accompanied with an aetive acute inflammation which yielded in a short time to soothing antiseptic washes with an occasional instillation between the lids of a few drops of a two per cent solution of cocain and adrenaline chloride to assuage pain and keeping the eye lightly bandaged to relieve photophobia; but following the injury the sight of the eye gradually failed until lost. The sclerotic coat of the eye finally beeame so attenuated that a protrusion took place at the outer segment of the eye-ball that would have terminated in rupture had enuelation not been resorted to.

A history of the case elicited the faet that this woman had contracted eonstitutional syphilis while acting as a wet nurse to a sickly child something over a year previous to her attack of inflammation of the eye following the injury above referred to. The writer happened to know that the child was

born of syphilitic parents and died at the age of three years from an attack of meningitis.

Syphilitic taint exerts such a severe and lasting impression in the system that when it is known to exist we are apt to attribute every morbid phenomenon to some phase of the disease whether it has any bearing upon the systemic infection or not.

Age and the influence of sex must not be overlooked in our efforts to determine the nature of some morbid conditions of the body. The ancient maiden lady is subject to cancer and cystic diseases of the reproductive organs. Appendicitis is most commonly met with between the ages of twenty and forty; and unless there seems to be a family predilection for this disease men seem to be more predisposed to attacks than women.

Women are more given to hysterical affections than men. This no doubt being due to their high degree of nervous impressibility and sensitive natures.

Enuresis is a common affection in childhood and may be due to any one of several causes, chief of which, is a relaxed or weakened sphincter muscle at the neck of the bladder, and old men are given to a dribbling of urine resulting from an enlarged prostate and an irritablestate of the urinary viscus caused by a retention of a small amount of urine at each micturation, which becomes acrid and irritating through decomposition.

Coxitis or acute arthritis following an attack of osteomyelitis is an affection of the hip joint, incident to children between the ages of five and twelve. The one peculiar diagnostic feature of this morbid disease is the presence of severe pain in and about the knee. This, together with more or less pain and tenderness about the hip on pressure, and a history of primary infection with marked limit of motion, establishes the true pathological condition.

Differentiating the cause of pain in the right inguinal region often taxes the diagnostic ability of the surgeon to the utmost. In appendicitis, pain, at first general over the lower abdomen, soon becomes local, being referred directly to McBurney's point two and one-half inches inward from the anterior superior spine of the ilium on a direct line from that point to the umbilicus; within a few hours after the first pain is felt

there is marked tenderness over McBurney's point and spasm of muscle noted on pressure, accompanied with marked muscular tenderness and rigidity. Nausea and vomiting, early, indicates nervous disturbance which generally subsides in the early stage if the morbid condition can be kept confined to the inguinal region. Should it again return in two or three days there is grave danger of general peritonitis supervening.

The pain accompanying an acute attack of appendicitis may be diverted from the lower right iliac region as noted when the appendix is directed far upward toward the liver and behind the ascending colon to a point in the lumbar or hypochondriac region, and to the left iliac region and around the umbilicus when appendix is located far inward toward the left hypochondriac region.

Renal and uretral colic is not infrequently mistaken for appendicitis, but there are distinguishing features in these ailments which the skilled diagnostition will most likely note, that are in contradistinction to those observed in the latter ailment. Chief among these are the disturbance noted in the voidance of urine, frequency being the feature and blood often appearing in the fluid; and the pain, while paroxysmal in character, comes on suddenly and usually begins in the loins over the kidney and extends downward along the track of the ureter to the testis, penis or upper part of the thigh. There is not that marked spasm of muscles of the lower abdomen that is observed in acute appendicitis.

In some features gallstone colic simulates an attack of appendicitis, and has often been treated for this affection, but the seat of pain is usually higher up, causing muscular rigidity in the region of the right hypochondrium, but cases have been observed at a lower level when the gall bladder has been found in an abnormal position. It is only in those cases where the liver is greatly enlarged and the pain radiating toward the right iliac region that this affection is likely to be mistaken for appendicitis.

Vomiting that usually accompanies the pain, follows immediately the onset of the attack, while in appendicitis it generally occurs several hours after the onset of the morbid state.

A not uncommon affection accompanied with pain and reflected to the region of the appendix, is the kinking of the ureter often observed in movable kidney and known and described as Dietl's crises. The severe colicky pain, accompa-

nied with nausea and vomiting, in this morbid condition, can be at once relieved by replacement of the kidney, once the dislocated organ is determined. This feature alone distinguishes the morbid state from the acute attack of appendicitis.

Another very common affection that may be mistaken for appendicitis but may be differentiated from it by careful palpitation and obtaining a history of its formation, is ovarian tumor when located on the right side. It is very evident that a growth of this nature with its accompanying symptoms does not manifest itself suddenly, but on the contrary the painful symptoms develops slowly, and in case of abscess formation the abdominal rigidity and tenderness is more general, indicating a spreading peritonitis.

Another common ailment in which a differential diagnosis assumes a prominent feature is that of chronic cystitis; exclusive of the moderate pain and increased frequency of micturation, there is present, symptoms in common with those observed in pyelitis, abscess in the bladder wall or adjacent tissue, septic intoxication resulting from the absorption of decomposed urine, prostatitis and posterior urethritis.

The pain experienced in pyelitis is felt in the lumbar region and usually extends downward, and is generally attended with rigors and hectic fever; and in cases where the ureter becomes obstructed pyonephrosis results, giving rise to a fluctuating tumor in the kidney, which may be readily felt in the lumbar region, where the case is pronounced.

The pain in cystitis is accompanied with tenderness and is noted to be low down in the pelvis, attended with a burning sensation and is most marked during micturation.

By the aid of the microscope a difference in the appearance of the epithelium thrown off from the mucous coats of the kidney and bladder in morbid conditions of these organs, is a diagnostic help. Those of the kidney are, in most part, flattened cells with an oval nucleus, although the shape of the cells differ somewhat coming from the different parts of the pelvis of the organ, while the cells of the bladder are stratified, transitional. The epithelium of the ureter resembles those found in the bladder.

The bladder symptoms accompanying renal suppuration are transient, although the amount of pus in the urine remains the same. In cystitis the symptoms are constant but somewhat emphasized during micturition. A cystoscopic examination

will aid in determining whether a pyuria is of the vesical or renal origin.

Prostatitis is often mistaken for acute cystitis as there are frequent calls to urinate, but the act usually requires a longer time and the stream lacks the normal force; besides palpitation of the glands with the finger in the rectum will usually determine whether or not the organ is the seat of disturbance.

An attack of posterior urethritis has symptoms in common with cystitis; the distinguishing features are determined by having the patient retain the urine from three to four hours and then have an ounce or so passed in a glass and a like amount in a second glass; if both specimens contain pus the posterior portion of the urethra is likely involved. The presence of pus in the second portion is accounted for by the purulent fluid in the posterior part of the urethra having passed into the bladder mixed with the urine.

In the differential diagnosis of acute obstruction of the bowel there are several points to be considered; first we should know the common symptoms always present in obstruction; second, from the hurried history of the cases we must conclude the seat and probable cause of the obstruction; and again it will be necessary to have in mind other morbid conditions, the symptoms of which simulate those observed in obstruction. Whatever the cause of the obstruction, there are three symptoms common to them all, viz.,—the inability to pass flatus or feces, nausea and then vomiting of mucus, bile and fecal matter and pain.

An attack of acute panereatitis is sometimes mistaken for intestinal obstruction, but upon inquiry it will be ascertained that in this affection constipation is not complete and that vomiting, while somewhat persistent, is never fecal. That while there is some rigidity of muscles, it is confined, in most part, to the upper half of the abdomen; while in obstruction it involves all of the abdominal muscles.

Acute enteritis may be mistaken for obstruction, but the vomiting, a common symptom, is not an early one, but comes on gradually as the intestinal inflammation increases, and the pain, instead of being diffuse is inclined to center about the umbilicus. The pulse rate is not, as a rule, increased, except in cases where the diarrhoea is pronounced, while in obstruction it increases notably from the onset of the morbid condition. Rigidity of the abominal muscles is seldom observed, while in

obstruction this feature appears as a marked symptom. In obstruction the abdomen very soon becomes distended with flatus, which is not a marked symptom of enteritis.

In forming a diagnosis in obstruction it will be well to take into consideration the possibility of the occlusion of the mesenteric artery by an embolus, and perforation of the intestines, some symptoms of which are in common with obstruction, but they develop gradually and are not accompanied by so pronounced a condition of collapse as is noted in obstruction.

It is not always easy to determine that obstruction of the gut exists at the first examination, especially if seen early after the attack, and when in doubt the patient should be kept under close observation until satisfied as to the nature of the attack. This is especially urgent because of the fatality of the morbid state. Fatal collapse often taking place within two or three days.

The above surgical ailments are cited to illustrate the urgent need to take into consideration the symptoms in common to each at certain periods of development and to cite the necessity of determining the true state of the presenting disease before resorting to operative measures.

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LABORATORY WORK VS. CLINICAL WORK

The above caption would indicate that there is a controversy between these two classes of workers. Unfortunately it is a true statement of a condition which is all too prevalent. Personally we believe that there are no grounds for ill will and no excuse for antagonisms. A chronic case is usually quite complicated and requires a good deal of work to unravel the tangled skein. An examination of such a patient naturally resolves itself into two parts—namely, physical examination and laboratory work. The time was when about all of the laboratory work required was a chemical analysis of the urine, and this could be done satisfactorily by any general practitioner. But in recent years there has been a marked evolution in laboratory methods, so that at the present time such work is quite technical. Its horizon has been greatly extended, with a proportionate increase in its field of usefulness. Skillful laboratory work will develop many reliable facts about a case which the clinician can consider, giving each its due weight. In rare instances a correct diagnosis can be made

from the laboratory findings alone, and the appropriate treatment applied without further consideration. Usually, however, the practitioner receives no more than a flash of light in the dark corners, and he still has to work out his own salvation. Nevertheless a flash of lightning at an opportune moment may be life saving, and we should be correspondingly grateful.

It is generally agreed that a good laboratory worker is a poor practitioner, and it may be safely assumed that a good practitioner is a poor laboratory man. Doubtless either one could successfully treat a case of simple tonsillitis, but should it be a case of diphtheria the services of both are required. Venereal diseases, tuberculosis, carcinoma and a host of other diseases require the services of both. This being true, why should there be any antagonism? We believe that with reasonable men there is none,—that such men work hand in hand, there are a few who do not appreciate and therefore are inclined to belittle the work of the other class, and these find each gladly availing himself of the skill of the other. But great difficulty in reaching a plane of mutual helpfulness.

CORSETS, PTOSIS, AND THE SACROILIAC STRAIN

An interesting and practical as well as an amusing article bearing this title has been contributed to the Boston Medical and Surgical Journal of April 22, 1915, by Dr. Robert M. Green. There can be no question that even in the recent past the profession has not been sufficiently alive to the frequency and importance of ptosis and the sacroiliac strain, and, as Dr. Green points out, there have been many instances in which women have been subjected to pelvic operations when in reality the proper method of relief would have been measures directed against these two causes of abdominal discomfort. In some instances it would seem that a physician considers ptosis of the abdominal contents out of the question unless the abdomen is protruding and its wall somewhat relaxed. While it is quite true that in this type of case some ptosis is practically always present, it is also true that there are many women who have no protrusion of the abdominal wall who, nevertheless, suffer from this condition, either because they are so lean that the pads of fat designed by nature to aid in keeping the abdominal organs in place have been absorbed, or in other instances the configuration of the lower part of the chest, of the vertebral column, or of the pelvis is such as to cause displacement of the abdominal and pelvic organs. These cases of ptosis, in patients who do not suffer from a relaxed abdominal wall, are difficult to treat as compared to the other type of patient, since

it is practically impossible to apply any belt or abdominal support which will give material relief. In other words, the state of such a patient may be considered rather as a fault of development than a condition which has been produced by pregnancy or by obesity followed by loss of flesh. Green goes so far as to state that a majority of women, from various causes, suffer from ptosis of one or more of the abdominal viscera. He claims that the reasons for the prevalence of this condition in women are a poor muscular development of the abdominal wall, child-bearing, which stretches the abdominal wall and then leaves it relaxed and unsupported, and, last of all, improper corseting, which presses the viscera downward and prevents the normal use of the abdominal muscles, which, of course, are thereby predisposed to atrophic changes. As he well points out, the first two of these causes are predisposing; the last has been the determining cause. Women belonging to the primitive types of humanity rarely if ever suffer from these conditions, particularly if they lead an outdoor life, but his statement that peasant women and others who have never worn corsets nevertheless often develop ptosis because they fasten heavy skirts tightly around the body is undoubtedly true.

Dr. Green then gives vent to his emphatic disapproval of modern corseting, saying that the corset worn by the majority of women is a relic of Victorian barbarism and that it tends to produce a matronly figure that was the ideal of feminine beauty in the age of Jane Austen, crinolines, and the steel-plate engraving lady. He speaks of this corset as "absolutely and unutterably pernicious." He claims that all corsets that lace behind are bad, and that many corsets that lace in front are also bad; that to be a good corset it must lace in front; its lower border should come to the level of the trochanters and no lower; its upper border should not reach high enough to touch the breasts; it should be of suitable size, as lightly boned as possible, and should be equipped with garter straps. We think the average woman, whether she has ptosis or not, will differ strenuously from Dr. Green in his conception of how high a corset should extend. Dr. Green also emphasizes the fact that a bad corset intelligently applied is often better than a good corset improperly applied. He thinks that a corset should always be put on with the patient lying down with a small pillow under the sacrum and hips and none under the head; that the garter straps should next be fastened to the stockings to prevent the corsets from sliding up; that the corsets should now be laced from below upward, tightly below, and tied mod-

erately tight at the level of the umbilicus, and tied very loosely at the top. Here, again, we think that Dr. Green will have some difficulty in making the gentler sex follow his advice.

That Dr. Green is evidently one of much experience in the treatment of these conditions is shown by some of his other conclusions. He points out that enteroptosis is found most frequently in short, plump, rotund women with hollow backs and the hyperfeminine type of figure, and in multiparae; whereas nephroptosis is seen chiefly in tall, scrawny women with flat backs and the masculine type of figure. In the first type of heavy women there is also considerable difficulty and discomfort from sacroiliac strain and from the development of flat foot, the weight becoming too great for the arch of the foot, particularly when shoes supposed to be fashionable are worn. These cases of sacroiliac strain and flat foot often complain greatly of backache and pain in the calves of the legs and thighs and also in the knee-joints. These conditions can be corrected by wearing a proper shoe, which, instead of having a narrow toe with a high beveled heel, should have a broad toe and a low, flat heel. Various exercises to strengthen the muscles of the abdomen, of the leg, and of the tissues of the foot should be resorted to, and the use of a properly-fitted belt or adhesive strips should be employed to support the sacroiliac joint.

Finally, from his clinical observations, Dr. Green, who belongs to the Gynecological Clinic of the Boston City Hospital, states that unrecognized or untreated ptosis is probably the commonest cause of feminine disability and gynecological failure.—Therapeutic Gazette.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; J. F. Barbrick, M. D., Consolidated Realty Bldg., Los Angeles, secretary.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the above society was held Nov. 2nd, at Christopher's eafe, when a dinner was served at 6:30 p. m., after which a very interesting programme, in the shape of an "Experience meeting" was thoroughly enjoyed by the members present, of which there was a goodly number, although not as many of the older men attended as the younger members hoped for and had a right to expect.

Both the President and Vice-President being absent, the meeting was called to order and ably presided over by Dr. John M. Clark, chairman of the "Arrangements Committee." The paper of the evening, "A Few Thoughts and Suggestions From a Recent Graduate," by Dr. Baber, was very appropriate, well received and discussed. Dr. Caryl read an original poem, "So Busy," a humorous take-off on members who were "too busy to attend the meetings," "too busy to write a paper," etc. It was a wonder anybody ever died when the Eclectics were "So Busy" keeping them well, or "was it the other way."

Among the visitors present was Prof. Sewall O. Barnes of Gardena, who gave a most interesting talk on "Botanicals and Pharmaceuticals" and on "Why Eclectics Should Look Down as Well as Up," because the most valuable of the world's medicinals in the shape of roots and herbs for the healing of the people are under our feet, and these would be missed if we constantly looked up and never looked down.

Interesting and instructive Eclectic experiences were given by Drs. Baber, Clark, Foss, Leix, Reinsmidt, Prall and De Angeles; but a note of disappointment was evident at the absence of a number of the older and more prominent Eclectics who are looked up to, as one member put it, as "Our Fathers and Teachers," and whose lack of interest set a very poor example and augured ill for the future of our cause here.

On motion it was voted to leave the arrangements for and place of the December meeting in the hands of the "Ways and Means Committee." As the business arrangements for carrying on the work, and the election of officers for the coming year will occupy next meeting it is to be hoped all members will be present.

On motion adjournment was taken at 9:30.

O. C. WELBOURN, M. D., President.

J. FRASER BARBRICK, M. D.,
Secretary and Treasurer Pro. Tem.

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NEWS ITEMS

Dr. H. Ford Scudder has moved from 702 E. Seventh Street to 1621 W. Pico Street, Los Angeles.

Dr. and Mrs. E. L. Welbourn, Indiana, are visiting in California, but will return to their home before the Christmas holidays.

Dr. George H. Greenwell, formerly of Santa Cruz, is now located at Hotel Abbey, Eighth and Figueroa Streets, Los Angeles.

Dr. O. C. Darling, Riverside, has returned from Honolulu, where he visited his daughter and son-in-law for a few months. The Doctor's health is much improved.

Dr. Orah Allen, C. E. M. C. 1915; Dr. John A. Sasso, C. E. M. C. 1915, and Dr. Edward Galsgie, C. E. M. C. 1914, have returned from Carson City, Nevada, where they tried the Nevada State Medical Examinations and passed.

Errata: In Dr. H. C. Smith's article, "Concerning the Coalition of Homeopathists and Eclectics," in our last issue, the article referred to as written by Dr. J. W. Fyfe should have been credited to Dr. G. W. Boskowitz.

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ALCRESTA IPECAC, LILLY

An Adsorption Compound of Ipecac Alkaloids with Lloyd's Reagent, Hydrated Aluminum Silicate.

Alcresta Ipecac is an Efficient Endamebicide in Amebic Dysentery and Pyorrhea Alveolaris.

Causes no Nausea; Obviates the Necessity of Hypodermatic Injections. Convenient and Economical. The most Successful Treatment of Amebic Dysentery and Pyorrhea by Internal Medication.

Physicians are prescribing it extensively. Supplied through the drug trade in bottles of 40 and 500 tablets. Each tablet contains the alkaloids of 10 grains Ipecac, U. S. P.

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NEW YORK CHICAGO ST. LOUIS KANSAS CITY NEW ORLEANS

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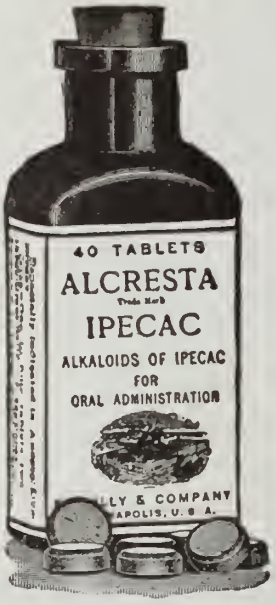

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CAUSE NO NAUSEA

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LITERATURE WITH EACH PACKAGE.

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Supplied in pint bottles.

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